AO 88(Rev. 11/91) Subpoena in a Civil Case

In the United States Bistrict Court

MIDDLE DISTRIC'T OF ALABAMA, SOUTHERN DIVISION

EVA WILLIAMS,

v.

TO:

Plaintiff,

SUBPOENA IN A CIVIL CASE

CASE NUMBER: 1:06-CV-387-CSC

In the United States District Court for the Middle District of Alabama Southern Division

GREATER GEORGIA LIFE INSURANCE COMPANY,

CUSTODIAN OF RECORDS

JAMES P. DEHAVEN, M.D.

Defendant.

* Certified *

| 1500 Ross Clark Circle Dothan, Alabama 36301 | |
|--|---|
| YOU ARE COMMANDED to appear in the United States to testify in the above case. | District Court at the place, date, and time specified below |
| PLACE OF TESTIMONY | COURTROOM |
| | DATE AND TIME |

| YOU ARE COMMANDED to appear at the place, date, and time specified | below to testify at the taking of a |
|--|-------------------------------------|
| deposition in the above case. | |
| PLACE OF DEPOSITION | DATE AND TIME |

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at fied frow (list documents or objects):

SEE ATTACHED EXHIBIT "A"

Burr & Forman LLP 3100 Wachovia Tower 420 North 20th Street

Birmingham, Alabama 35203

DATE AND TIME October 20, 2006 10:00 a.m.

YOU ARE COMMANUED to permit inspection of the following premises at the date and time specified below.

DATE AND TIME **PREMISES**

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6)

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

Attorney for Defendant, Greater Georgia Life Insurance Company

September

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER Michael L. Lucas, 3100 Wachovia Tower, 420 North 20th Street, Birmingham, Alabama 35203 (205) 251-3000

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA SOUTHERN DIVISION

| EVA WILLIAMS, |) |
|---|---|
| Plaintiff, |)) |
| v. |) CIVIL ACTION NO: |
| GREATER GEORGIA LIFE INSURANCE COMPANY, |) 1:06-CV-387-CSC) |
| Defendant. |)) |
| AFFIDAV | <u>rr</u> |
| STATE OF ALABAMA) | |
| COUNTY OF) | |
| Before me, the undersigned authority, personally being by me first duly sworn, deposed and stated as follows: | y appeared, who |
| My name is this Affidavit, and personally acquainted with the facts he | I am of sound mind, capable of making erein stated. |
| I am a duly authorized custodian of the recemployment and personnel records pertaining to Eva Wirecords. The copies of the employment and personnel received the records described in the subpoena served on or about | illiams, and I have the authority to certify those |
| I further certify that such James P. DeHaven, M referred to were made and kept in the usual and regular and that it was in the usual and regular course of businessaid records, and that said records were made at or about | course of business of James P. DeHaven, M.D. |
| I declare that the foregoing is true and correct knowledge obtained by me in the performance of my duti | and based upon my personal knowledge and es. |
| S | May 2 Mahoin |
| | 10-5-04 Date |
| SWORN TO AND SUBSCRIBED before me, the unit 2006. | indersigned authority, on this-the 5 day of the third thanker |
| My Commission Expires: 5-15-10 | |

Dr. DeHaven 00001 Eva Williams v. Greater Ga.

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                                          Document 20-3
                                                             Filed 12/13/2006
                                                                                Page 3 of 88
    a.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref....
  ..1*199980 EVA W WILLIAMS
                                       *Closed*
J7/22/04 99202-25 OFFICE OR OTHE 24.3
                                        71595
                                                71.00 072204FTS 1C1.1
                                         -20.00 072204FTS 1C1.5*1
             COPAY CASH 24.3
07/22/04 1.4
                                           -35.00 081004BS1 r655252
08/10/04 2.50 BCBS PMT RELEA 24.3
                                        -21.00 081004BS1 r655252
              [A2] BC/BS ALA 24.3
08/10/04 38
              [3] $15.00 COP 24.3
                                        0.00 081004BS1 r655252
08/10/04 1.4
                                         5.00 091704ADJ 1667586
              TO 2,4 DEBIT 24.3
07/22/04 89
                               0.00
         Balance:
nary: -35.00 Secondary: 0.00 Personal: -20.00 Adjustments: -16.00
                                               502188
17/26/04 insur ECS-BCBS
                                        *Closed*
1C1.2*199980 EVA W WILLIAMS
07/22/04 20610 ARTHROCENTESIS 24.3
                                         71595
                                                 64.00 072204FTS 1C1.2
                                            -36.00 081004BS1 r655252
08/10/04 2.50 BCBS PMT RELEA 24.3
                                         -24.00 081004BS1 r655252
 08/10/04 38
               [A2] BC/BS ALA 24.3
               [3] $4.00 COPA 24.3
                                         0.00 081004BS1 r655252
 08/10/04 1.4
                                            -4.00 091704ADJ 1667586
               FRM 1 TRANSFER 24.3
 07/22/04 1.6
                                0.00
          Balance:
mary: -36.00 Secondary: 0.00 Personal: -4.00 Adjustments: -24.00
07/26/04 insur ECS-BCBS
                                               502188
                                        *Closed*
1C1.3*199980 EVA W WILLIAMS
                                               18.00 072204FTS 1C1.3
07/22/04 J0702 CELESTONE INJ( 24.3
                                       71595
               97 BC/BS ALA 24.3
                                         -18.00 081004BS1 r655252
 08/10/04 38
                                0.00
          Balance:
mary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -18.00
                                                502188
07/26/04 insur ECS-BCBS
                                         *Closed*
1C1,4*199980 EVA W WILLIAMS
 07/22/04 73510 X-RAY,HIP 2+VI 24.3 71595 95.00 072204FTS 1C1.4
                                             -57.60 081004BS1 r655252
 08/10/04 2.50 BCBS PMT RELEA 24.3
                                         -31.00 081004BS1 r655252
               [A2] BC/BS ALA 24.3
 08/10/04 38
                                          0.00 081004BS1 r655252
               [3] $6.40 COPA 24.3
 08/10/04 1.4
               FRM 1 TRANSFER 24.3
                                             -1.00 091704ADJ 1667586
  07/22/04 1.6
                                             -5.40 121304FLO 1733880
               CASH ON ACCOUN 24.3
  12/13/04 1
                                0.00
          Balance:
imary: -57.60 Secondary: 0.00 Personal: -6.40 Adjustments: -31.00
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502188 07/26/04 insur ECS-BCBS

Closed 1C2.1*199980 EVA W WILLIAMS 10/06/04 99212 ESTAB OFFICE O F24.3 71515 54.00 CS100604J 1C2.1 -15.00 CS100604J 1C2.2*1 COPAY CASH F24.3 10/06/04 1.4 -20.00 102504BCN r661466 10/25/04 2.50 BCBS PMT RELEA F24.3 [A2] BC/BS ALA F24.3 -19.00 102504BCN r661466 10/25/04 38 0.00 102504BCN r661466 [3] \$15.00 COP F24.3 10/25/04 1.4 0.00 Balance:

rimary: -20.00 Secondary: 0.00 Personal: -15.00 Adjustments: -19.00 10/08/04 insur ECS-BCBS 524727

1C3.1*199980 EVA W WILLIAMS *Closed* F24.3 71515) 12/13/04 8888 NO CHARGE 0.00 CS121304F 1C3.1 0.00 Balance:

Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref.... nary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

Private IC5.1*199980 EVA W WILLIAMS 12/14/04 27130-RT ARTHROPLASTY, A F24.3 71535 5234.00 123004SUR 1C5.1 BCBS PMT RELEA F24.3 01/19/05 2.50 -2943.00 011905BCM r667690 [A2] BC/BS ALA F24.3 -1964.00 011905BCM r667690 01/19/05 38 0.00 011905BCM r667690 [3] \$327.00 CO F24.3 01/19/05 1.4 -50.00 031705PMT 1798868 **CREDIT CARD ON F24.3** 03/17/05 1.2 04/21/05 1.6 FRM 53 TRANSFE F24.3 -5.00 071205ADJ 1879325 -100.00 090205REC 1920420 09/02/05 1.2 **CREDIT CARD ON F24.3** -5.00 091405ADJ 1925754 FRM 76 TRANSFE F24.3 08/09/05 1.6 CHECK ON ACCOU F24.3 -20.00 102105PER 1955094 10/21/05 1.3 20.00 112805RTC 1981493 11/28/05 66 **RETURNED CHECK F24.3 CHECK ON ACCOU F24.3** -25.00 041406PER 2082145 04/14/06 1.3

06/06/06 4 CHEK-PRO F24.3

-20.00 060606CHE 2118398

Balance: 122.00

nary: -2943.00Secondary: 0.00 Personal: -225.00 Adjustments: -1944.00 01/06/05 insur ECS-BCBS 548954

1C6.1*199980 EVA W WILLIAMS *Private*

12/14/04 27130-80 ARTHROPLASTY,A F26.3 71535 5234.00 123004SUR 1C6.1

01/19/05 2.50 BCBS PMT RELEA F26.3 -735.75 011905BCM r667690 01/19/05 38 [A2] BC/BS ALA F26.3 -4416.50 011905BCM r667690

01/19/05 1.4 [3] \$81.75 COP F26.3 0.00 011905BCM r667690

Balance: 81.75

nary: -735.75 Secondary: 0.00 Personal: 0.00 Adjustments: -4416.50

01/06/05 insur ECS-BCBS 548955

1C7.1*199980 EVA W WILLIAMS *Closed*

01/11/05 99024 POSTOP FOLLOW- F24.3 71535 0.00 CS011105J 1C7.1

Balance: 0.00

mary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00 01/14/05 insur ECS-BCBS 551546

1C7.2*199980 EVA W WILLIAMS *Private*

01/11/05 73510-RT XRAY,HIP;COMPL F24.3 71535 95.00 CS011105J 1C7.2

02/08/05 38 [A2] BC/BS ALA F24.3 -31.00 020805BCM r668742 02/08/05 49 [1] \$64.00 DED F24.3 0.00 020805BCM r668742

Balance: 64.00

mary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -31.00 01/14/05 insur ECS-BCBS 551546

1C8.1*199980 EVA W WILLIAMS *Closed*

02/03/05 99024 POSTOP FOLLOW- F24.3 71535 0.00 CS020305J 1C8.1

Balance: 0.00

imary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

1C9 1*199980 EVA W WILLIAMS *Closed*

03/17/05 99024 POSTOP FOLLOW- F24.3 71535 0.00 CS031705J 1C9.1

Balance: 0.00

imary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

Dr. DeHaven 00003 Eva Williams v. Greater Ga.

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                                                                               Page 5 of 88
Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref....
                                       *Closed*
C10.1*199980 EVA W WILLIAMS
04/21/05 99212 ESTAB OFFICE O F24.3 71535
                                              54.00 CS042105F 1C10.1
             COPAY CASH F24.3
                                         -20.00 CS042105F 1C10.2*
04/21/05 1.4
                                           -20.00 051305BS2 r676339
05/13/05 2.50 BCBS PMT RELEA F24.3
                                        -19.00 051305BS2 r676339
             [A2] BC/BS ALA F24.3
05/13/05 38
              [3] $15.00 COP F24.3
05/13/05 1.4
                                        0.00 051305BS2 r676339
              TO 32 DEBIT F24.3
                                        5.00 071205ADJ 1879325
04/21/05 89
                              0.00
        Balance:
nary: -20.00 Secondary: 0.00 Personal: -20.00 Adjustments: -14.00
)4/25/05 insur ECS-BCBS
                                              580992
IC11.1*199980 EVA W WILLIAMS
                                       *Closed*
06/23/05 99212 ESTAB OFFICE O F24.3 71535 54.00 CS062305J 1C11.1
              448 COPAY CHEC F24.3
                                           -20.00 CS062305J 1C11.2*
06/23/05 1.1
                                           -20.00 071505BS3 r681202
07/15/05 2.50 BCBS PMT RELEA F24.3
07/15/05 38
              [A2] BC/BS ALA F24.3
                                        -19.00 071505BS3 r681202
                                       0.00 071505BS3 r681202
              [3] $15.00 COP F24.3
07/15/05 1.4
              TO 63 DEBIT F24.3
                                         5.00 080405ADJ 1896418
06/23/05 89
                               0.00
         Balance:
nary: -20.00 Secondary: 0.00 Personal: -20.00 Adjustments: -14.00
                                              601050
36/28/05 insur ECS-BCBS
                                        *Private*
1C11.3*199980 EVA W WILLIAMS
                                                  95.00 CS062305J 1C11.3
 06/23/05 73510-RT XRAY,HIP;COMPL F24.3 71535
              [A2] BC/BS ALA F24.3 -31.00 071505BS3 r681202  
[1] $64.00 DED F24.3 -0.00 071505BS3 r681202
 07/15/05 38
 07/15/05 49
               FRM 61 TRANSFE F24.3 -5.00 080405ADJ 1896418
 06/23/05 1.6
                               59.00
          Balance:
mary: 0.00 Secondary: 0.00 Personal: -5.00 Adjustments: -31.00
                                               601050
06/28/05 insur ECS-BCBS
                                        *Closed*
1C12.1*199980 EVA W WILLIAMS
 08/09/05 99212 ESTAB OFFICE O F24.3 71535
                                                54.00 CS080905J 1C12.1
                                           -20.00 CS080905J 1C12.2*
 08/09/05 1.1 454 COPAY CHEC F24.3
 09/02/05 2.50 BCBS PMT RELEA F24.3
                                            -20.00 090205BCM r684895
                                         -19.00 090205BCM r684895
               [A2] BC/BS ALA F24.3
 09/02/05 38
                                          0.00 090205BCM r684895
               [3] $15.00 COP F24.3
 09/02/05 1.4
                                          5.00 091405ADJ 1925754
               TO 32 DEBIT F24.3
 08/09/05 89
                                0.00
          Balance:
mary: -20.00 Secondary: 0.00 Personal: -20.00 Adjustments: -14.00
                                               615130
08/15/05 insur ECS-BCBS
                                        *Closed*
 2C1.1*199980 EVA W WILLIAMS
  09/21/05 99212 ESTAB OFFICE O F24.3 7242
                                                54.00 CS092105R 2C1.1
                                            -15.00 CS092105R 2C1.2*1
               1154 COPAY CHE F24.3
  09/21/05 1.1
                                           -20.00 101205BCM r688017
  10/12/05 2.50 BCBS PMT RELEA F24.3
  10/12/05 38
               [A2] BC/BS ALA F24.3
                                         -19.00 101205BCM r688017
                                          0.00 101205BCM r688017
                [3] $15.00 COP F24.3
  10/12/05 1.4
                                0.00
           Balance:
imary: -20.00 Secondary: 0.00 Personal: -15.00 Adjustments: -19.00
                                                630148
 09/27/05 insur ECS-BCBS
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Private

Dr. DeHaven 00004 Eva Williams v. Greater Ga.

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Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref....
09/21/05 72100 X-RAY,L-SPINE F24.3 7242 110.00 CS092105R 2C1.3
              BCBS PMT RELEA F24.3
                                            -60.30 101205BCM r688017
10/12/05 2.50
                                         -43.00 101205BCM r688017
              [A2] BC/BS ALA F24.3
10/12/05 38
10/12/05 1.4
              [3] $6.70 COPA F24.3
                                         0.00 101205BCM r688017
         Balance:
```

nary: -60.30 Secondary: 0.00 Personal: 0.00 Adjustments: -43.00)9/27/05 insur ECS-BCBS 630148

nary: -20.00 Secondary: 0.00 Personal: 0.00 Adjustments: -19.00 12/16/05 insur ECS-BCBS 657174

1C13.2*199980 EVA W WILLIAMS *Private*

12/09/05 73510-RT XRAY,HIP;COMPL F24.3 71945 95.00 CS120905J 1C13.2 01/06/06 2.50 BCBS PMT RELEA F24.3 -57.60 010606BCM r694284

Balance: 6.40

nary: -57.60 Secondary: 0.00 Personal: 0.00 Adjustments: -31.00 12/16/05 insur ECS-BCBS 657174

2069994.1*199980 EVA W WILLIAMS *Closed*

+ 03/31/06 LTR30 RECOVERY SPECI F24.3 0.00 RSIC 2069994

Balance: 0.00

mary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

| Statements for E | VA W WILLIAMS | *Closed* | |
|------------------|---------------|----------|------|
| 08/30/04 98.1 | STMT PRINTED | 0.00 | stmt |
| 09/28/04 98.1 | STMT PRINTED | 0.00 | stmt |
| 10/26/04 98.1 | STMT PRINTED | 0.00 | stmt |
| 11/29/04 98.1 | STMT PRINTED | 0.00 | stmt |
| 01/29/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 02/26/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 03/30/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 04/29/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 05/25/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 06/29/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 07/29/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 08/27/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 09/26/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 10/25/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 11/25/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 3 12/15/05 98.1 | STMT PRINTED | 0.00 | stmt |
| 1 01/20/06 98.1 | STMT PRINTED | 0.00 | stmt |
| 2 02/20/06 98.1 | STMT PRINTED | 0.00 | stmt |
| 3 03/20/06 98.1 | STMT PRINTED | 0.00 | stmt |
| 6 04/21/06 98.1 | STMT PRINTED | 0.00 | stmt |
| 7 05/18/06 98.1 | STMT PRINTED | 0.00 | stmt |
| 9 06/23/06 98.1 | STMT PRINTED | 0.00 | stmt |

Dr. DeHaven 00005 Eva Williams v. Greater Ga. OTAL: 354.85

SOUTHERN BONE & JOINT SPECIALISTS

1500 ROSS CLARK CIRCLE / 4300 WEST MAIN STREET, DOTHAN, AL 36301 404 NORTH MAIN STREET, ENTERPRISE, AL 36330

PLEASE PRINT

| Payment due at time of servi | ces unless prior arrangements have be | | |
|--------------------------------------|---|--|--|
| LACT MANE A | PATIENT I | NFORMATION | |
| LAST NAME! | FIRST MD. INITIAL EVG. | MU FU 3/ | BIRTHDATE 9/24/5.3 |
| ADDRESS CO Rd 20 | 5/ | SOCIAL SECURITY NUMBER | MARITAL STATUS M S D W |
| Headland | STATE ZIP CODE | West Point Steven | Machine Oper. |
| HOME PHONE (334) 585-9696 | WORK PHONE 534 585-12/1 | EVELYN SMITH | (334) 671-8764 |
| | | RDIAN INFORMATION | 1337 4/1- 1/64 |
| NAME | ^ ^ | RELATIONSHIP TO PT. | |
| ADDRESS | | SOCIAL SECURITY NO. | |
| CITY | S AT ZIP CODE | | BIRTHDATE |
| HOME PHONE | | OCCUPATION | , |
| HOMETHORE | WORK PHÔNE | EMPLOYER | |
| | CHIEF (| OMPLAINT | |
| DESCRIBE YOUR CHIEF COMPLAINT AN | NO THE DATE THIS REGAY | | |
| PLEASELIST THE NAME OF THE REFEE | Flamily Practice Abbeville | | |
| ACCIDEN | TINFORMATION | ULNI BOL-3HT-NO | DV INFORMATION |
| IS THIS PROBLEM DUE TO AN ACCIDE | | IS THE PROBLEM DUE TO AN ON-THE-JOB INJU | |
| DESCRIBE THE ACCIDENT: | | | TY? YES NO |
| | 1 | HOW DID THE INJURY OCCUR? | |
| | | - N | 111 |
| WAS AN ALCOHODILS INVOLVED [7] | All | | 11/- |
| WAS AN AUTOMOBILE INVOLVED? | | EMPLOYER AT TIME OF INJURY | |
| IF YES, GIVE AUTO INS. INFORMATION (| OR ATTORNEY NAME: V | ADDRESS OF EMPLOYER | |
| | | | |
| | | PHONE NUMBER OF EMPLOYER 1 | |
| | INSURANCE | INFORMATION | |
| PLEASE LIST ALL MEDICAL INSURANCE | INFORMATION BRILDY (PPO) | | |
| PLEASE LIST RELATIONSHIP OF PATIEN | TTO INSURED R. Spouse | | |
| Brimary insurance Blue Cross Blue | | SECONDARY INSURANCE | |
| NAME OF INSURANCE CO. | Santa Cinio | NAME OF INSURANCE CO. | |
| NAME OF INSURED | | NAME OF INSURED | |
| INSURED SOC. SEC. NO | | INSURED SOC. SEC. NO. | |
| INSURED BIRTHDATE | | INSURED BIRTHDATE | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| 2484 water Rd | | NAME AND ADDRESS OF EMPLOYER | |
| Hylanta, SA | | | |
| R58087614 | | POLICY NUMBER | _ |
| GROUP NUMBER | | GROUP NUMBER | L Dr. DeHaven 00007 Eva Williams v. Greater Ga. |
| RELEASE, ASSIGNMENT, AND FINA | ANCIAL AGREEMENT: I authorize release of my m ficials, if injury is school-related, insurance compani | dical and financial records to my referring obvision | |
| | | | |
| may have some insurance coverage. | mat I am the patient or duly authorized general ag- en if my insurance company does not pay the full I am responsible for payment Payment is due on | amount) and acknowledge that the fee schedule | is available upon request. Even though t |

be responsible for payment. I certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested. I agree to pay my physically have some insurance companies, third party administrators or payors, or government agencies or their agents, whom may have some insurance coverage. I am responsible for payment, Payment is due on the date service is received. On any unpaid balances, I assign benefits due from any company of third party to Southern Bone & Joint Specialists, P.C. Further, I agree to the following terms regarding any outstanding balance that I owe: (1) I may incur interest at the rate Bone & Joint Specialists, P.C. in the collection of the same, and (3) Any lawsuit and/or legal proceeding surrounding the outstanding balance and debt shall be initiated and hitigatthe terms contained herein and affirmatively acknowledge that I have read the same before signing.

SIGNATURE OF PATIENT/GUARDIAN OH AUTHORIZED AGENT

(v)23105

Southern Bone & Joint Specialists Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations

| 1. Evy Williams | understand that as part of my healthcare, Southern Bone |
|----------------------------------|---|
| & Joint Specialists originates | and maintains paper and/or electronic records describing |
| my health history, symptoms, | examination and test results, diagnoses, treatment, and any |
| plans for future care or treatme | ent. |

1 understand and have been provided with a Notice of Privacy Practices that provides a more complete description of information uses and disclosures.

Eva Williams
Patient or Guardian's Signature

Please list below the names of any individuals who we may disclose any medical and/or account billing information on your behalf. These people will be allowed to act as your personal representative.

| ex Sparo |
|----------|
| |
| |
| |

SOUTHERN BONE & JOINT SPECIALISTS, P.C. 1500 ROSS CLARK CIRCLE / 4300 WEST MAIN STREET, DOTHAN, AL 36301 4C4 NORTH MAIN STREET, ENTERPRISE, AL 36330

PLEASE PRINT

²ayment due at time of services unless prior arrangements have been made.

| | | PATIENT IN | FORMATION | | |
|--|----------------|-------------------|--------------------------|----------------------|--|
| Williams | EVa | MD. INITIAL | SEX M F | AGE 50 | BIRTHDATE 4-53 |
| ADDRESS O. BOX 63 | | | SOCIAL SECURITY NUMBER | 7415 W | M S D W |
| Abbeville | 紅 | ZIP CODE 36310 | EMPLOYER OR SCHOOL / | Steven | OCCUPATION OPER |
| 334)585-9696 | WORK PHONE | 85-9696 | EMERGENCY CONTACT | | PHONE |
| NAME | | | DIAN INFORMATION | | |
| | | | RELATIONSHIP TO PT. | | |
| ADDRESS | | | SOCIAL SECURITY NO. | | BIRTHDATE |
| CITY | STATE | ZIP CODE | OCCUPATION | | |
| HOME PHONE | WORK PHONE | | EMPLOYER | | |
| DECODIDE NOVA OURSE OR AREA OF THE | | CHIEF CO | DMPLAINT | | |
| DESCRIBE YOUR CHIEF COMPLAINT AND T | Leas 50 | metime n | ny shoulder | Hio | (R) |
| PLEASE LIST THE NAME OF THE REFERRIN | IG PHYSICIAN | | 0 | | |
| ACCIDENT I | NFORMATION | | ON-T | HE-JOB INJURY | INFORMATION |
| IS THIS PROBLEM DUE TO AN ACCIDENT? | YES YES | | IS THE PROBLEM DUE TO A | N ON-THE-JOB INJURY? | YES NO |
| DESCRIBE THE ACCIDENT: | | | HOW DID THE INJURY OCCU | JR? | |
| | | | | | |
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| WAS AN AUTOMOBILE INVOLVED? YE | ES 🔲 NO | | EMPLOYER AT TIME OF INJU | JRY | |
| IF YES, GIVE AUTO INS. INFORMATION OR | ATTORNEY NAME: | | ADDRESS OF EMPLOYER | | |
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| | | | PHONE NUMBER OF EMPLO | PYER | |
| DESCRIPT ALL MEDICAL INCIDENCE IN | | INSURANCE | INFORMATION | | |
| PHEASE LIST ALL MEDICAL INSURANCE INF BLUE COSS BIU | | ederal | | | |
| PLEASE LIST RELATIONSHIP OF PATIENT TO | O INSURED | | | | |
| PRIMARY INSURANCE | | | SECONDARY INSURANCE | | |
| NAME OF INSURANCE CO. | | | NAME OF INSURANCE CO. | | |
| NAME OF INSURED Willian | ns JR | | NAME OF INSURED | | |
| INSURED SOC. SEC. NO. | | | INSURED SOC. SEC. NO. | | |
| INSURED BIRTHDATE | | | INSURED BIRTHDATE | | |
| NAME MID ADDRESS OF EMPLOYER | | | NAME AND ADDRESS OF EN | APLOYER | |
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| POLICY NUMBER | | | POLICY NUMBER | | - |
| GROUP NUMBER | | | GROUP NUMBER | | Dr. DeHaven 00009 Eva Williams v. Greater Ga. |
| | | | <u> </u> | | Z.u I man |

RELEASE, ASSIGNMENT, AND FINANCIAL AGREEMENT: I authorize release of my medical and financial records to my referring physician, my parents or guardian, my employer if the injury is job-related, school officials, if injury is school-related, insurance companies, third party administrators or payors, or government agencies or their agents, whom may be responsible for payment. I certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested. I agree to pay my physician's actual charges for services (even if my insurance company does not pay the full amount) and acknowledge that the fee schedule is available upon request. Even though may have some insurance coverage, I am responsible for payment. Payment is due on the date service is received. On any unpaid balances, I assign benefits due from any company of third party to Southern Bone & Joint Specialists, P.C. Further, I agree to the following terms regarding any outstanding balance that I owe: (1) I may incur interest at the rate of 1 & 1/2 percent per month (18% PER ANNUM). (2) I will be responsible for reasonable collection costs, reasonable attorney's fees, and the cost of court incurred by Souther Bone & Joint Specialists, P.C. in the collection of the same, and (3) Any lawsuit and/or legal proceeding surrounding the outstanding balance and debt shall be initiated and litting ed in the court of appropriate jurisdiction. By signing below I consex the terms contained herein and affirmatively acknowledge that I have lead the same before signing.

Zova W. Williams

22.04

Southern Bone & Joint Specialists, P.C. Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

| I, <u>Eya Williams</u> , understand the Specialists, P.C. originates and maintains paper history, symptoms, examination and test result care or treatment. | nat as part of my health care, Southern Bone & Joint er and/or electronic records describing my health lts, diagnoses, treatment, and any plans for future |
|--|--|
| I understand and have been provided with a complete description of information uses and | a Notice of Privacy Practices that provides a more disclosures. |
| | |
| Eva Williams Patient or Guardian's Signature | |
| 7/ Date | |
| Please list below the names of any individual billing information on your behalf. These representative. | als who we may disclose any medical and/or account se people will be allowed to act as your personal |
| NAME | RELATIONSHIP |
| | |

Pt#: 199980 EVA W WILLIAMS 149 CO RD 251 RBBEVILLE AL 36310 Phone: 334-585-9696

FC:3 FC:3 DOB: 09/24/53 F Acct#: 199980 780



REFERRED BY __ CAST SURGERY DATE **DIAGNOSIS** X-ray PROCEDURE **MISCELLANEOUS** PROCEDURE **PROCEDURE** CODE 10-6-04 115.15 EVA WILLIAMS 199980 DR F24 DP 21.3 FC 3 DATE OF SURG 12/14/04 MAR 1 4 2005 CPT 27130-RT DX 71535 ASSISTANT DR F26 R DEAN LOLLEY MD CPT 27130-80-RT DX 71535 MAR 1' 4 2005 CZ R hip, V43.64/715.35

Pt#: 199980 EVA W WILLIAMS 149 CO RD 251

ABBEVILLE AL 3631Ø

FC:3 DOB: 09/24/53 Acct#: 199980

Phone: 334-585-9696

| Prob. No. | Medication/ Amount Dispensed | Init. | Dose | No. of Refills | Date Start Stop | OK Nurse | Refills/Do | ate/Strength/Initio | als | Reason Discontinued | DEA Contro |
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| | | | | CC | NTINUL | | EDICATI | ONS | | Dr. DeHaven 00 Eva Williams v. Gre | |

HEALTH HISTORY

| Name: EVa W. Wilia | ms | · C2 | - /2 | 10011 |
|--|---------------|--|---------------------------------------|--------------|
| Weight: 230 Height: 58 | Allongiage | Age: | Date: | 103/05 |
| Chief Complaint: Right Hip | Anergies: | | | |
| Present Illness: | | | | |
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| Date of Accident or ONSET DATE: | | | | |
| Type of Injury:Auto | | • | Workmen's | Compensation |
| If WC give name and address of Company | | | | Compensatio |
| REFERRAL DOCTOR &/or Family Physic | cian: DR . Me | radore 07 | Abbeville A |) |
| Past Surgical History: | Date | Physician _ | | |
| Kight Nip | +014161: | : De D | cheaven | |
| | : _ | | | <u> </u> |
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| Past Medical History (CHECK IF APPLIC | ABLE | • | Madiantiana | |
| Heart | | | Medications | |
| High Blood | | \mathbf{D}^{\prime} of \mathbf{A}^{\prime} | | |
| Lung (general) | | | | |
| Tuberculosis | | | | |
| Cancer | • _ | | | |
| Seizures | | | | |
| Stomach Illcore | | | | |
| Diabetes | : _ | | | |
| Gout | | | | |
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| Rheumatoid Arthritis Other() | | | | |
| Social History | <u> </u> | | | |
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| Married Single Divor | widow | Smoke | Alcohol Use | Drug Use |
| Occupation (Include duties): | une of | بالا | | |
| Physical Exam: (General Appearance) | | | | |
| BP | P | | | |
| (Check here if additional in | - | | | |

HEALTH HISTORY

| Name: EVa Williams Weight: 5 Height: 8 Chief Complaint: Back Ond | | | (_1 | • • |
|--|-------------|-----------|-------------|-------------------------|
| Weight: 5 Height: 8 | 4.0 | Age: | | Date: |
| Chief Complaint: Back Ond Present Illness: | Allergies: | | | |
| Present Illness: | domn i | Thipt 1. | e } | |
| Present Illness: | | | | |
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| Type of Injury:Auto | Home | Other | | |
| and address of Company | | | | Workmens Compensation |
| REFERRAL DOCTOR & or Family Physici Past Surgical History: | ian: | | | |
| ast Surgical History: | Date | DL | | |
| | | Physician | | |
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| ast Medical History (CHECK IF APPLICA) | DI D | : | | |
| | , | | | • |
| HeartHigh Blood | : | | | |
| High BloodLung (general) | : | | | |
| Lung (general) Tuberculosis | : | | | |
| _TuberculosisCancer | : | | | |
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| _Seizures _Stomach Ulcers | : | | | |
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| CoutRheumatoid Arthritis | : | | | |
| Rheumatoid Arthritis Other () | : | | | |
| Other () | : | | | |
| | | | | |
| MarriedSingleDivorced | Widow | S.m.a.l. | | |
| pation (Include duties): Machin | Der | отоке | Alcoh | ol UseDrug |
| cal Exam: (General Appearance) | | | | |
| | | | | Dr DoHarram 0001 |
| ВРР | | | | Eva Williams v. Greater |

| AME |
|-------------|
| |

SOUTHERN BONE & JOINT SPECIALISTS

ORTHOPAEDICS
1500 Ross Clark Circle / 4300 West Main Street, Suite 14
Dothan, Alabama

404 North Main Enterprise, Alabama 36330

12-8-05 CX

ACCT. NO._

Patient: 199980 EVA W WILLIAMS

Date : 12/09/2005

09/24/1953 Age: 52 JAMES P DEHAVEN, MD

Ms. Williams is doing okay. Her right hip does not hurt at all. The left hip still hurts a little bit and she has some back pain. Apparently Dr. Meadows has given her an injection recently and she feels better.

Today she is sort of fussing as to why her back hurts and I have tried to explain to her that this is the price we humans pay for being on two feet and unfortunately there is not going to be a whole lot we can do unless it gets bad enough to consider epidurals or even more rarely to consider surgery. So more of an explanation than any kind of treatment today and the fact is she is doing okay at this point.

I did x-ray her hip. She is a year out. It looks perfect. So I am going to turn her loose. In a couple of years, she needs to get another x-ray but if there is a problem in the meantime, she is to give me a call. JPD/ca Cc: Dr. Meadows

Pt#: 199980 EVA W WILLIAMS

FC:3 DOB: **0**9/24/53 SOUTHERN BONE & JOINT SPECIALISTS
ORTHOPAEDICS

149 CO RD 251 HEADLAND

HEADLAND AL 36345 Phone: 334-585-9696 DOB: 09/24/53 Acct#: 199980 500 Ross Clark Circle / 4300 West Main Street, Suite 14
Dothan, Alabama

404 North Main Enterprise, Alabama 36330

Patient: 199980 EVA W WILLIAMS

Date : 08/09/2005

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Mrs. Williams is doing okay. She said that "wobbles" and she does have a little bit of an unsteady gait but she said that pain wise, she is getting a lot better.

Again, she is just not over it. She had some administrative issues here that we have given her some paperwork for. Other than that, I will see her in the clinic when she is a year post-operative for an X-Ray. JPD/srh

8-1905. It breed stated she unded a letter stating she is unable to work a this time.

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helded her lecards for dissolity - he was cooked to
have the Dissolity offer write + heguest what they need.

Do.

Dr. DeHaven 00016 Eva Williams v. Greater Ga.

Patient: 199980 EVA W WILLIAMS

Date : 09/21/2005

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Mrs. Williams is having a lot of back pain, sort of along her iliac crest area.

X-RAYS:

I got x-rays today. She certainly has some arthritis but not all that bad. From what I can see of her hip, it looks perfect.

I am going to put her on a Medrol Dose Pack. I gave her some Robaxin and pain medicine. She will follow-up here as needed. She will let me know if this does not help. JPD/srh

11-22-05 Pt called Reg Pain meds and muscle Relaxere-ifo Suici of shouldn't still be taking these new- Needs to see Regular Dictor- Pt. notified - 1-thous, UPN

FC:3

Pt#: 199980

ABBEVILLE

EVA W WILLIAMS 149 CQ RD 251

36310 AL

DOB: 09/24/53 Acct#: 199980 SOUTHERN BONE & JOINT SPECIALISTS

ORTHOPAEDICS

1500 Ross Clark Circle / 4300 West Main Street, Suite 14

Phone: 334-585-9696

4-27-05- It Carred Stated the does not yel 404 North Main Enterprise, Alabama 36330 the were be able to return to work 5-14-05 the does not yell Enterprise, Alabama 36330 due to her hip pain-

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She were apply for "disability".

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5\$105. It Called + asked for another work excuse felt the women not the aun to heturn on 57,4105 apt. given another excuse that ie/13/05- 20

6-13-05 - Sie Med Jah - CERAS

6/17/05-pt vas celled, pa JRD to make oppt to see him, chart to swithboard Tena for modern 6/2/101.

Patient: 199980 EVA W WILLIAMS

: 06/23/2005 Date

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Ms. Williams' right hip is hurting somewhat, but her left hip is giving her more problem than the right hip. Today I got x-rays of her left hip (actually they got an x-ray also of her right hip in error), and both hips look fine. The left hip is a marked valgus deformity, but that is congenital in nature. However, I see no arthritis, whatsoever. Her operated hip looks perfect. More than anything,

I just want to give Ms. Williams reassurance that with time, she will do better. A lot of the issue is she is back to work and feels that that is contributing to her lack of well being. Apparently she has to have an income, so she needs to do what she can do. I want to see her back when she is a year postoperative unless problems arise. JPD/cp

Case 1:06-cv-00387-CSC Document 20-3 Filed 12/13/2006 Page 19 of 88

SOUTHERN BONE & JOINT SPECIALISTS

ORTHOPAEDICS 1500 Ross Clark Circle / 4300 West Main Street, Suite 14 Dothan, Alabama

> 404 North Main Enterprise, Alabama 36330

Patient: 199980 EVA W WILLIAMS

Date : 03/17/2005

ACCT. NO.

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Mrs. Williams is actually doing very well. There is still a little bit of an antalgic gait but not bad. I think that it would be just a matter of time for her to get better.

She wants to stay out another couple of months because that is the length of her disability program and I don't have any problem with that.

I don't officially need to see her until she is a year postoperative for X-Rays. If there is a problem in the meantime she will let us know. JPD/srh

Patient: 199980 EVA W WILLIAMS

Date : 04/21/2005

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Mrs. Williams was having a lot of back pain a couple of weeks ago, and it has generally settled down. It is certainly improving. At this point we do not want to do anything other than give her some Robaxin that she can take as needed. She needs to use a little ice and resume activity to tolerance and follow-up here as needed. I will need to get her back when she is a year post-operative for x-ray of her hip. JPD/clb

| NAME | Comp. |
|---|--|
| | SOUTHERN BONE & JOINT SPECIALISTS |
| ACCT. NO | ORTHOPAEDICS |
| | 1500 Ross Clark Circle / 4300 West Main Street. Suite 14 Dothan, Alabama |
| | 404 North Main |
| duloc > le | Enterprise, Alabama 36330 |
| 1/11/05 A/C coummann - | |
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| 1/13/05 5P2 eft message von sen P+ Doesn't Meeu Any | P- Callin |
| Patient, 199999 Pro | |
| Patient: 199980 EVA W WILLIAMS Date : 01/11/2005 | 09/24/1953 Age: 51 |
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| doing very well. The wound looks except this point we will stop the Coumading | al hip arthroplasty and she is |
| this point we will stop the Coumadin start driving. I will see her in the | cho in the state of the state o |
| start driving. I will see her in the | clinic in Giral She can |
| | orinic in six weeks. JPD/ca |
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| Patient, 100000 | |
| Patient: 199980 EVA W WILLIAMS Date : 02/03/2005 | 09/24/1952 |
| . 02/03/2005 | 09/24/1953 Age: 51 JAMES P DEHAVEN, MD |
| Ms. Williams' hip is doing very well. and she is only less than two months really doing very well. | |
| and she is only less than two months really doing very well. More than any get completely better | . She has minimal antalgic sait |
| | |

really doing very well. More than anything reassurance that she is get completely better. I will see her in the clinic in six weeks unless problems arise. JPD/ca

3-&-05 fee Med tab _____

| NAME | & Va | Williams |
|------|-------------|----------|
| | | |

SOUTHERN BONE & JOINT SPECIALISTS, P.C.

ACCT. NO. 199980

1500 Ross Clark Circle / 4300 West Main Street, Suite 14
Dothan, Alabama 36301

8/27/04- Returned call to 585-9696- I wastred pt was Unavailable to come to the sphone. Lift messay between her call

Patient: 199980 EVA W WILLIAMS

Date : 10/06/2004

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Ms. Williams has made a decision to go ahead and scheduled her total hip arthroplasty. Today we have gone over a lot of the details, we will schedule for her a right total hip arthroplasty and we will send her throughout system. I will see her in the clinic preoperatively to go over the details of surgery, etc. JPD/km

10/26/04 - At-Careed & asked for llave of alisence starting on 10/26/04 until further nature - This was ot I by Dr. xlettower.

12/30/04 See counsolin Sheet - DKG/T. HOWALAN

12/30/04- Excuse you werk your to 585-4729- ED

12/30/04- See Med Tob Re- D. Calling CMA

Patient: 199980 EVA W WILLIAMS

Date : 12/13/2004

09/24/1953 Age: 51 JAMES P DEHAVEN, MD

Ms. Williams was interviewed for a right total hip arthroplasty tomorrow at Flowers. Today I have gone over the details of the surgery, the attendant risks, the post operative course and she wishes me to proceed in the direction of surgery. JPD/sb

1/4/06 ser coumadin sheet

Dr. DeHaven 00020 Eva Williams v. Greater Ga. TPOUSE

| AME | SOUTHERN BONE & JOINT SPECIALISTS, P.C. |
|---------|--|
| CCT. NO | ORTHOPAEDICS 1500 Ross Clark Circle / 4300 West Main Street, Suite 14 |

Dothan, Alabama 36301

Patient: 199980 EVA W WILLIAMS 09/24/1953 Age: 50 Date : 07/22/2004 JAMES P DEHAVEN, MD

This is a 50 year old black female who works at Westpoint Stevens. She is here today with back pain and right hip and thigh pain for a year or more. It is progressively getting worse. There is a lot of pain at night time. When she stands up during the day she has tremendous problems. She has seen Dr. Meadows who has given her pain pills.

PAST MEDICAL HISTORY: Significant for hypertension, hyperlipidemia. She denies diabetes or heart problems.

PHYSICAL EXAMINATION:

Exam shows an obese female whose ROM is somewhat limited, especially on internal and external rotation. No real tenderness in her back. Most of the tenderness is in the anterior lateral aspect of her hip. She is neurologically intact.

X-RAYS:

She came accompanied today with some back x-rays that show some arthritis in the back and by what I can see of the hip it looks like she has arthritis.

Today I got a pelvis x-ray, AP and frog leg pelvis included and she has fairly marked arthritis in the right hip. There is a large cyst in the femoral head.

IMPRESSION:

Back pain and right hip pain secondary to severe degenerative arthritis to the hip.

PLAN:

I broached the subject of total hip arthroplasty for this lady and I think that will be an eventuality for her. To buy a little time and make her feel better for a time I am going to do an intra-articular injection with Xylocaine, Marcaine and Betamethasone. I gave her some pain medicine and a handout on the total hip arthroplasty. She will think about that and let me know. In the meantime, I will leave the door open for p.r.n. return. JPD/sb Cc: Dr. Richard Meadows

8/18/04- It. Called asked what ther Eptions she has beende suregry. Dr. Alettown paid the Could live & this nothing whe Could be done. IB)
She were there about this & Call us back B

Case 1:06-cv-00387-CSC Document 20-3 Filed 12/13/2006 Page 23 of 88

NAME 6ND William SOUTHERN BONE & JOINT SPECIALISTS

ORTHOPAEDICS
1500 Ross Clark Circle / 4300 West Main Street. Suite 14
Dothan. Alabama
404 North Main
Enterprise. Alabama 36330

Alsence - OK'd by LDV. Alethary

Mailed to fl a for Boy 63/ Cylberice, Al. 3630

Filed 12/13/2006 32 Page 24 of 88 DIETATION TO SUBJECT TO SUBJECT

DATE: 1/10/05 13:38 PATIENT REPORT

User: PHAYES

**** FINAL ****

LABORATORY WORKSTATION-DESK

LAKEVIEW COMMUNITY HOSPITAL

820 W WASHINGTON STREET EUFAULA AL 36027

NAME: WILLIAMS EVA

STATUS: O/P / LAB ADM DATE: 1/10/05

PAT#: 3429087 XREF#: 185259 DOB: 9/24/53 ADM PHYS: DEHAVEN JAMES P

STRT: 1/10/05 13:09 AGE/SEX: 51 / F ORD#:

ORD PHYS: DEHAVEN JAMES P MR#: 000083271 FAM PHYS:

100 CMNT: COL 1200 HHC RECD 1240

SPECIMEN DT/TM: 1/10/05 12:00 BY: HHC RECEIVED DT/TM: 1/10/05 12:40

COMPLETED DT/TM: 1/10/05 13:38 BY: PH

BY: PH

COAGULATION DEPARTMENT

| Result | Flags | Reference | Range | Units |
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Cournadin 10mg g hs

DATE: 1/06/05 17:04

PATIENT REPORT **** FINAL ****

User: PHAYES

LABORATORY WORKSTATION-DESK

LAKEVIEW COMMUNITY HOSPITAL 820 W WASHINGTON STREET

EUFAULA AL 36027

> STATUS: O/P / LAB ADM DATE: 1/06/05

PAT#: 3428853 XREF#: 184900 STRT: 1/06/05 16:47

AGE/SEX: 51 / F

DOB: 9/24/53 ADM PHYS: DEHAVEN JAMES P ORD PHYS: DEHAVEN JAMES P

ORD#: 100

MR#: 000083271 FAM PHYS:

NAME: WILLIAMS EVA

CMNT: COLL 1300 HHC RECVD 1450

SPECIMEN DT/TM: 1/06/05 13:00 BY: HHC RECEIVED DT/TM: 1/06/05 14:50 BY: PH COMPLETED DT/TM: 1/06/05 17:04 BY: PH

COAGULATION DEPARTMENT

| Test Name | Result | Flags | Reference | Range | Units |
|------------------|--------|-------|-----------|-------|---------|
| PROTHROMBIN TIME | | | | | |
| PROTHROMBIN TIME | 13.6 | | 10 - | 1.4 | Seconds |
| INR PT CTRL | 1.39 | | | 17 | seconds |
| FI CIRL | 12.5 | | 12.0 - | 12.9 | Seconds |

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Facsimile Transmission

| Date: | 1/6/5 | | |
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| To: | Dehaver | From: | HORIZON HOME CARE OF EUFA |
| Phone#_ | | | 334-687-7641 |
| Fax # | 7 | | 334-687-2823 |
| No of pages (incl | uding this sheet) | | |
| MESSAGE: | | | |
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Dr. DeHaven 00025 Eva Williams v. Greater Ga.

Rev. 11/02.

Case 1:06-cv-00387-CSC * Document 20-2, Filed 12/13/2006334 Page 27.

CPD.

DATE: 1/03/05 17:58

PATIENT REPORT

PAGE

User: KDISMUKE

**** FINAL ****

LABORATORY WORKSTATION-DESK

LAKEVIEW COMMUNITY HOSPITAL 920 W WASHINGTON STREET

UFAULA

AL 36027

NAME: WILLIAMS EVA

STATUS: O/P / LAB ADM DATE: 1/03/05

PAT#: 3428528 XREF#: 184498

DOB: 9/24/53 ADM PHYS: DEHAVEN JAMES P

STRT: 1/03/05 17:22

AGE/SEX: 51 / F ORD PHYS: DEHAVEN JAMES P

ORD#: 100

MR#: 000083271 FAM PHYS:

CMNT: COLL 1430 HHC RCV 1615

SPECIMEN DT/TM: 1/03/05 14:30 BY: HHC

RECEIVED DT/TM: 1/03/05 16:15 BY: KM

COMPLETED DT/TM: 1/03/05 17:58 BY: KM

COAGULATION DEPARTMENT

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DATE: 1/06/05 17:04 PATIENT REPORT

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**** FINAL ****

LABORATORY WORKSTATION-DESK

820 W WASHINGTON STREET AL 36027 EUFAULA

LAKEVIEW COMMUNITY HOSPITAL

NAME: WILLIAMS EVA

STATUS: O/P / LAB ADM DATE: 1/06/05

PAT#: 3428853 XREF#: 184900

DOB: 9/24/53 ADM PHYS: DEHAVEN JAMES P

AGE/SEX: 51 / F ORD PHYS: DEHAVEN JAMES P

STRT: 1/06/05 16:47

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MR#: 000083271 FAM PHYS:

CMNT: COLL 1300 HHC RECVD 1450

SPECIMEN DT/TM: 1/06/05 13:00 BY: HHC RECEIVED DT/TM: 1/06/05 14:50 BY: PH

COMPLETED DT/TM: 1/06/05 17:04 BY: PH

COAGULATION DEPARTMENT

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Rev. 11/02

Filed 12/13/2006

Page 31 of 88

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PATIENT REPORT

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**** FINAL ****

LAKEVIEW COMMUNITY HOSPITAL

LABORATORY WORKSTATION-DESK

820 W WASHINGTON STREET EUFAULA

AL 36027

NAME: WILLLAMS EVA

STATUS: O/P / LAB DOB: 9/24/53

ADM DATE: 12/23/04

ADM PHYS: DEHAVEN JAMES P

STRT: 12/23/04 15:07

AGE/SEX: 51 / F

ORD PHYS: DEHAVEN JAMES P

MR#: 000083271 FAM PHYS:

ORD#: 100 CMNT: COLL 1335 HHC RCV 1428

PAT#: 3427807 XREF#: 183263

SPECIMEN DT/TM: 12/23/04 13:35

BY: HHC BY: AH

RECEIVED DT/TM: 12/23/04 14:28 COMPLETED DT/TM: 12/23/04 15:20

BY: AH

COAGULATION DEPARTMENT

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Rev. 11/02



Dr. DeHaven 00031 Eva Williams v. Greater Ga.

FLOWERS HOSPITAL

4370 W. MAIN STREET

POST OFFICE BOX 6907 DOTHAN, ALABAMA 36302

TISSUE REPORT

PATHOLOGISTS

RICHARD D. KEY, M.D. TIMOTHY W. MCNEELY, M.D. C. JOYCE GREATHOUSE, M.D.

PATIENT:

334/793-5000

WILLIAMS, EVA

PATHOLOGY #: 04S-9546

DATE: 12/14/2004

AGE: 51 SEX: F RACE:

DOB: 09/24/1953

MR #: 262705

HOSPITAL #: 0429900232

SURGEON: DeHaven

FACILITY: Flowers Hospital

CLINICAL HISTORY:

PRE-OPERATIVE DIAGNOSIS: DJD right hip

RECEIVED: 12/14/2004

POST-OPERATIVE DIAGNOSIS: Same

REPORTED: 12/20/2004

SPECIMEN: Right femoral head

GROSS: The specimen is received in formalin labeled right femoral head. The specimen consists of a femoral head measuring 5.3 cm in diameter and up to 3.5 cm in height. There is marked erosion of the articular surface associated with irregular, pale tan thickening of bone. The margin has a sawed appearance. There are multiple fragments of unattached red-tan spongy bone measuring 6 x 6 x 1.5 cm in aggregate dimensions. Two representative sections of the femoral head including articular surface will be submitted in cassettes 1 and 2 following fixation and calcification. CJG/dh

FINAL DIAGNOSIS:

Right femoral head: Changes consistent with severe degenerative

ioint disease

CJG/cdi

JOB#: 19395 / 20875

C. Joyce Greathouse, M.D. Electronically signed 12/20/2004 04:37

> Dr. DeHaven 00032 Eva Williams v. Greater Ga.

11:30 06/10/2004 >>>>C O P Y<<<<

PELVIC USD

SOUTHEAST ALABAMA MEDICAL CENTER DOTHAN, ALABAMA

MILTON LENNICX, M.D. - GEORGE VEALE, M.D. M. DOWNING, M.D. - S.N. TURNER, M.D. - H. HOLLOWAY, M.D. W. BECKETT, JR., M.D. - R. SYKLAWER, M.D. DAVID A. BRINK, M.D. - C. AHMED, M.D. - ERIC LUND, M.D. JULIA ALEXANDER, M.D. - STEPHEN FERNANDEZ, M.D. Radiologists

ULTRASOUND REPORT

DATE/TIME TRANSCRIBED: 06/08/2004 1610 NAME:

WILLIAMS, EVA JEWEL ROOM#: OP DOB: 09/24/1953 AGE: 50 XRAY#/MR#:

200438 ACCT#: 2441017 ATTENDING PHYSICIAN: DR. MEADOWS, R.V. ORD#: 4797531

CPT CODE: 76856

CLINICAL INFORMATION:

EXAM REQUESTED: PELVIC USD

EXAM DATE: 06/08/2004 PT TYPE:

PROCEDURE: PELVIC ULTRASOUND

HISTORY: BACK PAIN ABNORMAL KRAY. PATIENT APPARENTLY HAD AN

OUTSIDE PLAIN FILM OF THE ABDOMEN WITH AN AREA IN THE PELVIS MARKED ON THE FILM, FILM WAS DATED 5/25/04

COMPARISON:

TECHNIQUE: MULTIPLE REAL TIME IMAGES OF THE PELVIS

The uterus measures approximately 9.2 cm's in length. There are some tiny echogenic foci present somewhat shadowing compatible with small calcifications in the uterus. Ovaries appeared unremarkable. Tiny cyst or follicle in the right ovary. No free fluid in the cul-desac. No obvious pelvic mass identified by ultrasound. Endometrial stripe approximately 1.8 mms combined thickness.

IMPRESSION:

^1 ^2

- A FEW SMALL CALCIFICATIONS IN THE UTERUS PROBABLY REPRESENTING SOME EARLY FIBROID TYPE CHANGES ALTHOUGH DISCRETE FIBROID NOT CLEARLY IDENTIFIED OTHERWISE.
- TINY FOLLICLE RIGHT OVARY. OTHERWISE UNREMARKABLE PELVIC 2. ULTRASOUND.

```
RICARDO SYKLAWER, MD
/: 685
                DD: 06/08/2004
                               DT: 06/08/2004
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DD: 06/08/2004 TD: 1519 ID: 001347019 FC: @ cc: CHARGE COPY (99040)

fx: R.V. MEADOWS, D.O. (90143)

Dr. DeHaven 00033 Eva Williams v. Greater Ga.



FAMILY PRACTICE CENTER of ABBEVILLE, P.A.

| RICHARD | L. | BENDINGER, D.O. |
|---------|----|-----------------|
| RICHARD | V. | MEADOWS, D.O. |

217 DOTHAN ROAD ABBEVILLE, AL 36310 (334) 585-6421

| X-RAY REPORT | | |
|-------------------------|--------------|-------------|
| Family Name | First Name | Middle Name |
| William | Eva | |
| Type of X-Ray 2 - spine | | |
| Physician <u>Meadow</u> | | |
| X Ray Number 04-519 | Date 5/25/04 | |

REPORT:

LUMBOSACRAL SPINE: There is narrowing of the L4/5 intervertebral space. There's spurs forming along the margins of the lumbar vertebral bodies at the L2/3, L3/4 and L4/5 intervertebral spaces. The sacroiliac joints are normal.

Impression: Spur formation.

- 2. No fractures.
- 3. Narrowing of the L4/5 intervertebral space.
- 4. Suggestion of a pelvic mass which may be a distended urinary bladder. Suggest pelvic ultrasound.

5 chapluis

5. Degenerative changes in both hips.

Dudley G. Perrell, M.D./sm

D&T: 05/27/04

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| OGRESS NOTES | t 20-3 Filed 12/13/2006 Page 36 of 88 VECT FORMS |
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Nexium (esomeprazole magnesium)



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FLOWERS HOSPITAL, INC.

OPERATIVE REPORT

4370 WEST MAIN STREET

DOTEAN, ALABAMA 36305

(334) 794-5000 ext 1177

PATIENT NAME: WILLIAMS, EVA

MEDICAL RECORD #: 262705

OPERATIVE DATE: 12/14/2004

PHYSICIAN: James Dehaven, MD

DOB: 09/24/1953 SSN: 420-80-7415 ROOM #: 523-P

PAGE 1

PREOPERATIVE DIAGNOSIS: Degenerative joint disease, right hip.

Dr. DeHaven 00036 Eva Williams v. Greater Ga.

SURGEON: Dr. Dehaven. ASSISTANT: Dr. Lolley. ANESTHESIA: Spinal.

MATERIALS FORWARDED TO LABORATORY: The right femoral head.

OPERATIVE DIAGNOSIS: Degenerative joint disease, right hip.

OPERATION PERFORMED: Right total hip arthroplasty using a DePuy 56 mm. series 300 cup with apex hole eliminator and 28 mm. Marathon plastic liner. Femoral size was 13.5 small stature AML stem with a +1.5 28 mm. ceramic Articul/Eze ball.

DESCRIPTION: This patient was taken to the operating room where spinal anesthesia was obtained. She was placed in the left lateral decubitus position on a Montreal positioning device and secured with an axillary roll. The right lower extremity was prepped and draped in the usual fashion. An incision was then made over the lateral aspect of the right hip, carried down through skin and subcutaneous tissue. The iliotibial band and tensor fascia was split longitudinally for the length of the wound and Charnley bow retractor was placed. The anterior portion of the gluteus medius was then detached along with the greater trochanter and allowed to retract anteriorly and superiorly. The joint capsule was freed along the anterior. superior, and inferior femoral neck and split in a T-type fashion up to the acetabulum. The hip was then dislocated. A very valgus unusual formed femoral neck and ball; therefore, I made a real high cut because the tip of the greater trochanter was about at the inferior aspect of the acetabulum rather than the center and then I had to trim off some osteophytes in that area. I placed retractors into the acetabulum and debrided the labrum. The transverse acetabular ligament was released. The pulvinar area was then curetted. Small reamers were then used to ream back to roughened bleeding bone and then progressively reamed up to a 54 mm. diameter. Trialed 54 mm. fit very nicely. It was then removed. cup was irrigated with a Pulsavac. A 56 mm. series 300 cup and DeFuy was then hammered into the cup until fully seated. Provisional liner was then placed into the cup. The proximal femur was approached by using the box chisel to make the initial cut. T-handled reamer defined the canal and then progressively reamed to a 13-0 to accept a 13.5 prosthesis. Broached all the way to the 13.5, calcar reamer was used to smooth the calcar area and then a provisional neck and short ball was placed. The hip was then reduced and excellent range of motion, stability and leg length. It was then dislocated. The provisional components were removed and apex hole eliminator was placed into the acetabulum and then a 28 mm. Marathon liner was then placed into the cup and hammered until fully seated. The proximal femur was

OPERATIVE REPORT
PATIENT: WILLIAMS, EVA



FLOWERS HOSPITAL, INC.

OPERATIVE REPORT

4370 WEST MAIN STREET

DOTEAN, ALABAMA 36305

(334) 794-5000 ext 1177

PATIENT NAME: WILLIAMS, EVA

MEDICAL RECORD #: 262705

OPERATIVE DATE: 12/14/2004

PHYSICIAN: James Dehaven, MD

DOB: 09/24/1953 SSN: 420-80-7415

ROOM #: 523-P

PAGE 2

then copiously irrigated with the Pulsavac. A 13.5 small stature AML stem was then placed down the proximal femur until fully parked at the calcar. Again, provisional short ball was the best for leg length and stability. It was then dislocated and the Morse taper cleaned and a 28 mm. ceramic ball was placed on the Morse taper and tapped until fully seated. The hip was then reduced. Joint capsule was repaired using interrupted #1 Vicryl suture. The gluteus medius was then reattached using through bone interrupted #1 Vicryl and further reinforced with running #1 Vicryl. The iliotibial band and tensor fascia was then closed using interrupted running #1 Vicryl suture. The subcutaneous tissue closed with interrupted 2-0 Vicryl, and skin closed with staples. Sterile bulky dressing is applied to the wound and she was rolled back to the supine position and taken to the recovery room in stable condition.

jap

D: 12/14/2004

T: 12/15/2004

James Dehaven, MD

Dr. DeHaven 00037 Eva Williams v. Greater Ga.

OPERATIVE REPORT
PATIENT: WILLIAMS, EVA

FLOWERS HOSPITAL, INC.

DISCHARGE SUMMARY

4370 WEST MAIN STREET

DOTHAN, ALABAMA 36305

(334) 794-5000 ext 1177

PATIENT NAME: WILLIAMS, EVA ADMIT DATE: 12/14/2004

MEDICAL RECORD #: 262705

DISCHARGE DATE:

12/17/2004

PHYSICIAN: James Dehaven, MD

09/24/1953 DOB: SSN: 420-80-7415

ROOM #: 523-P

PAGE 1

DIAGNOSIS: Degenerative arthritis right hip.

PROCEDURE: Right total hip arthroplasty.

HISTORY: Fifty-one year old with a painful right hip due to degenerative arthritis. Is admitted for surgical intervention. Underwent the above procedure and tolerated this well. On postop day #1 she was alert, temp was 102, dressing was dry, hematocrit was 30.5, INR 1.24. Will begin mobilization. Continue incentive spirometry. On postop day #2 the fever resolved, the wound was clean, the dressing was changed. Hematocrit is stable. She has ambulated six feet. IV and Foley were discontinued. By postop day #3 she has ambulated 40 feet, the wound is clean, she is ready for discharge home. Follow-up in the clinic on 01/11.

DISCHARGE MEDICATIONS: Lorcet Plus and Coumadin.

Home health for routine total hip protocol.

FINAL DIAGNOSES:

- Degenerative arthritis right hip requiring total hip arthroplasty. 1. 2.
- Postoperative fever, resolved.
- 3. Hypertension.

kht

D: 05/13/2005 T: 05/16/2005

James Dehaven, MD Dictated by Beverly Coe, R.N.

> Dr. DeHaven 00038 Eva Williams v. Greater Ga.

DISCHARGE SUMMARY PATIENT: WILLIAMS, EVA

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| 12/14/04 6519 TRAT WILLIAMS,EVA J 149 CO 251 PO BOX 631 | <u> </u> | 2 NF 09/24/53 HONE (334)585-969 | WESTPOIN | IT STEVENS | PHONE (334)585-2211 |
| | 36310 OCCUPATION | ! | ABBEVILLE | AL 36310 | MELITARY STATUS |
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Dr. DeHaven 00040 Eva Williams v. Greater Ga.

WILLIAMS, EVA J 09/24/53 51Y F 02 DEHAVEN, JAMES P I/P

> 04299-00232 12/14/04 0519

Discharge Planning Summary
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FLOWERS HOSPITAL

Physician Facesheet Admission Report

For Admits of 12/14/2004

DISTRIBUTE TO MEDICAL RECORDS - SANDRA Printed on 12/15/2004 at 04:00 AM

: Name: WILLIAMS, EVA J Acct Nbr: 0429900232 SSN: 420-80-7415 Admit Date: 12/14/2004 Discharge Date: iress: 149 CO 251 ABBEVILLE, AL 36310

nit Dr: DEHAVEN, JAMES P

Working Diagnosis: DJD RT HIP

rthdate: 09/24/1953

in Code:

agnosis Code: DJD RT HIP

Sex: F Race: BLACK Marital Status: MARRIED

arantor Name: WILLIAMS, EVA J

Addr line 1: 149 CO 251

Addr line 2: PO BOX 631

Policy Nor:

ty, St Zip: ABBEVILLE, AL 36310

rantor Relation to Patient: SELF Phone #: (334)585-9696 Birthdate: 09/24/1953 SSN: 420-80-7415

ployer: WESTPOINT STEVENS Empr Phone: (334)585-2211 Empl ID #:

or Address: OZARK RD , ABBEVILLE , AL , 36310

lative: Williams, JAMES JR Rel Phone: (334)585-9696 Relation: SPOUSE

ress: PO BOX 631, ABBEVILLE, AL 36310

: 1 Carrier/Group Name: BLUE CROSS FEDERAL/CIVIL SERVICE Policy Nor: R59087614

) Nbr: 105 Group Phone: (800)492-8872 Address: PO BOX 2511 BIRMINGHAM AL 35298

- Code: 201001 Name: BLUE CROSS FEDERAL

sured Name: WILLIAMS, JAMES; JR SSN: 000-00-0000 Birthdate: 02/02/1955

3 2 Carrier/Group Name: BLUE CROSS 1500 PLAN/CIVIL SERVICE Policy Nbr: R58087614

pup Mbr: 105 Group Phone: (800)492-8872 Address: PO BOX 2511 BIRMINGHAM AL 35298

in Code: 201500 Name: BLUE CROSS 1500 PLAN

Name:

sured Name: WILLIAMS, JAMES; JR SSN: 000-00-0000 Birthdate: 02/02/1955

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FLOWERS HOSPITAL, INC.

HISTORY AND PHYSICAL

4370 WEST MAIN STREET

DOTHAN, ALABAMA 36305

(334) 794-5000 ext 1177

PATIENT NAME: WILLIAMS, EVA

MEDICAL RECORD #: 262705

ADMIT DATE: 12/14/2004

PHYSICIAN: James Dehaven, MD

DOB: 09/24/1953 ROOM #: 523-P

SSN: 420-80-7415

PAGE 1

CHIEF COMPLAINT: Right hip pain.

HISTORY: This is a 51 year old black female with chronic severe degenerative arthritis of the right hip having failed conservative therapy. She is being admitted for right total hip arthroplasty on 12/14/04.

PAST SURGICAL HISTORY: She has had no prior surgery.

MEDICAL PROBLEMS: Include hypertension, hyperlipidemia, "arthritis", and obesity.

MEDICATIONS: Zocor and Premarin.

ALLERGIES: Aspirin.

REVIEW OF SYSTEMS: Otherwise negative.

PHYSICAL EXAMINATION: Shows an obese, black female in no acute distress.

HEENT: Shows nothing acute.

CHEST: Lungs are clear.

HEART: Regular rate and rhythm.

ABDOMEN: Benign.

EXTREMITIES: Show fairly good flexion/extension of the hip. External rotation is

not bad. Internal rotation is nonexistent.

NEUROLOGIC: Grossly intact.

ADMISSION DIAGNOSIS: Degenerative joint disease, right hip severe.

PLAN: Right total hip arthroplasty on 12/14/04. In the office, I have gone over the details of surgery, the attendant risks, the postoperative course, and she wishes me to proceed in the direction of surgery.

lkl

D: 12/14/2004

T: 12/15/2004

James Dehaven, MD

Dr. DeHaven 00042 Eva Williams v. Greater Ga.

HISTORY AND PHYSICAL PATIENT: WILLIAMS, EVA

Flowers Hospital
Physicians Order

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Flowers Hospital Physicians Order

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ENDING FEBORY

Oct. 25 2004 10:29AM

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YOUR FAX NO. : 334-836-2271

OTHER FACSIMILE NO. 96158489 01

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SND 01 OK.

TO TURN OFF REPORT, PRESS 'MENU' #04. THEN SELECT OFF BY USING '+' OR '-'.

FOR FAX ADVANTAGE ASSISTANCE, PLEASE CALL 1-800-HELP-FAX (435-7329).

| | SCHED | ULING SURGERY | ***** |
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Dr. DeHaven 00047 Dr. Der iaven . . Eva Williams v. Greater Ga.

SURGERY INSTRUCTIONS

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| ٠ | PRE-ADMIT / ANESTHESIA APPOINTMENT: The pre-admit/anesthesia clinic of Southeast Alabama Medical Center is located on the first floor of the outpatient services tower. Parking is located directly in front of the outpatient tower. |
| | (X) The pre-admit/anesthesia assessment of Flowers Hospital is located at the outpatient surgery area registration. |
| | Bring all medications with you when pre-admitting. You will talk to someone from anesthesia at this appointment. |
| | Pre-anesthesia Appointment: 2004 at 100 a.m.p.m. alrive at 12:30 flow week day month day year at time bung at this appl. 246 4 hours |
| | 2. PRE-OR APPOINTMENT: Discor: Withfur On: Mulday MONTH DAY YEAR Location: () Ross Clark Circle Office /Randall Building or (X) Flowers Office Bring all medications with you for your appointment. |
| | 3. SURGERY PREPARATION: Do not eat or drink anything after midnight the night before surgery (unless otherwise instructed.) Bring all medications with you the day of your surgery. Arrive at 5.30 a.m/p.m. On: August Held Held Held Held Held Held Held Held |
| | At: 1.15 am/p.m. () Southeast Alabama Medical Ct. (1) Flowers Hos |
| | 5. POST-OP APPOINTMENT- AFTER SURGERY: Doctor: Althorn On: Austay Weekday month day Office Location: () Flowers Office (X) Ross Clark Circle Office (Randall Building) at 945 |
| Mrs. | William Please let me know if you have any question. Thank you |

Dr. DeHaven 00048 Eva Williams v. Greater Ga. Seflew 11-25-04

Dr. DeHaven 00049 Eva Williams v. Greater Ga.



BlueCross BlueShield Federal Employee Program



Government-Wide Service Benefit Plan

JAMES WILLIAMS JR

R58087614

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PCS Retail Pharmacy Carrier # 6500 Retail Pharmacy Group # 6500



e weed for covered Hospital, Surgical, Medical,

Precermication to required for all hospital edimissions and is util responsibility. Benefits are reduced by \$500,00 if precertific obtained. Call the local Blue Cross and Blue Shield Plan will treated for instructions. In some areas, preferred or member to obtain precertification for you. HELPFUL TELEPHONE NUMBERS

* BLUE CROSS AND BLUE SHIELD OF GEORGIA FOR CUSTOMER SERVICE 1-708-571-0231 FOR PRECERTIFICATION 1-800-722-6614

Phermacy Claim Information

1-800-262-7860

For anii Service Principuscy
Use of this card constitutes ecoapiance of the terms and coi
Service Benefit Plan Brochure (RI 71-5). All benefits are
definitions, Smitstions and exclusions set forth in the Bir
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12.456.



VIA FEDERAL EXPRESS

Greater Georgia Life Atlanta Disability Service Center PO Box 105426 Atlanta, GA 30348-5426 Phone: (800) 905-0018, Ext. 29251 Fax: (404) 682-9266

November 29, 2005

Eva Williams 149 Co Road 251 Headland, AL 36345

RE: West Point Home, Inc. Short-Term Disability (STD) Plan

Dear Ms. Williams:

I am writing to advise you of the outcome of your request for review of the denial of benefits under the West Point Home, Inc. Short-Term Disability (STD) Plan. Greater Georgia Life, as claim administrator for the West Point Home STD Plan, has concluded its review of your claim and has determined that the information submitted for the purpose of appealing the denial of benefits effective July 28, 2005 does not support a disability as defined by the Plan.

Georgia Greater Life determines a claimant's eligibility for STD benefits under the West Point Home, Inc. Plan based upon claim and medical documentation that supports a claimant's inability to perform their job duties. Medical evidence includes, but is not limited to, medical/office records, hospital records, physical exam findings, operative reports, etc. that are obtained from the claimant's treating healthcare providers. We may also consider the claimant's self-reported activities of daily living as indicated on an Activities of Daily Living form.

THE PLAN - "TOTALLY DISABLED"

"Total Disabled" or "Total Disability" means that you: (1) are unable, due to a disability (whether Illness or Injury), to perform all of the duties of your regular occupation, supported by objective medical evidence; (2) are under the regular care and attendance of a physician, appropriate for the condition causing the disability; and (3) are not otherwise employed for wage or profit.

Eva Williams November 29, 2005 Page 2

INTIAL REVIEW

Our records indicate that you filed for short-term disability benefits beginning July 28, 2005, due to Osteoarthrosis, Lower Leg. It was noted that you had a hip replacement on December 14, 2004. Your claim was received on July 29, 2005 in which James Dehaven, M.D. was indicated as your treating physician.

On August 3, 2005, your Disability Case Manager (DCM) received a fax from your physician's office which was office notes dated July 25, 2005. The office notes indicated that you contacted the office for an extended leave of absence. You were granted the leave and indicated that you will be unable to work until seen for a follow up in December 2005. Your DCM attempted to contact you on August 3, 2005 to verify the date that you were seen by your physician. On August 4, 2005 you informed your DCM that you contacted your physician's office to schedule an appointment and was advised that you did not need to come in for an appointment. During the conversation you were advised that medical documentation was needed indicating that you were seen by a physician for your request for disability.

Based on the review of the medical documentation, Georgia Greater Life determined that the medical did not support your disability due to you were not seen by a physician. A letter, dated August 5, 2005, advising you of our determination, was sent to you.

EVALUATION ON APPEAL

On October 27, 2005, Greater Georgia Life received your request for review, which was dated October 22, 2005. We acknowledged receipt of your appeal on October 28, 2005.

Based on our initial review of your appeal request it was determined that additional medical documentation was necessary for the review. On October 28, 2005 medical documentation and a Functional Capacity Estimate form was requested from Dr. Dehaven. The requested medical documentation was received on November 9, 2005. The office notes dated July 25, 2005 indicated that you contacted Dr. Dehaven and requested a leave of absence and he agreed to your request. It was noted that you were not seen by your physician. On August 9, 2005 the office notes indicated that you were doing okay and that you indicated that you "wobble". It was noted that you had a little bit of an unsteady gait. He indicated that in terms of your pain you were a lot better. You were advised to follow-up in a year for your post operative x-ray. On August 19, 2005 you contacted your physician's office and indicated that you needed a letter stating that you were unable to work at this time and that your disability carrier will need medical records. At that time, you were informed by your physician's office that your disability carrier will need to request the medical records. The office notes dated September 21, 2005 indicated that you complained of having a lot of back pain. X-rays were taken and the results indicated that you have arthritis but not that severe. You were prescribed a Medrol Dose Pack and you were given Robaxin. You were advised to follow up as needed. The requested Functional Capacity Estimate form was not received.

SOUTHERN BONE & JOINT SPECIALISTS, P.C.

| To: | Whom it may concern | Date: 12.9.03 |
|--------|---|---------------|
| Name: | Whom it may concern 199980 | |
| This i | s to certify that this patient | |
| () | Was treated in my office today. | |
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gran



_FAX__

SEND TO

: Dr. James DeHaven

FROM

: Kristie Y Woods

mail 4/5il

LOCATION :

LOCATION

: Atlanta Disability Service Ctr.

P.O. Box 105426

Atlanta, GA 30348-5426

DATE

: October 28, 2005

PHONE

: 800-905-0018, ext. 29251

FAX

: 404-682-9299

FAX

: (334) 836-2248

TOTAL PAGES: 5 (including cover sheet)

Subject:

Claimant: Eva Williams

DOB: 9-24-53

J#/11-3-05

Dr. DeHaven,

We are currently evaluating Ms. Williams' request for review of the termination of her Short-Term Disability benefits and the records identify that you were her treating physician.

In order for us to obtain a complete representation of Ms. Williams' condition(s), please provide us with copies of all medical records, office notes, reports, letters, summaries, etc., and the results of any diagnostic testing for treatment rendered from July 1, 2005 through present. Additionally, please complete and return the enclosed Functional Capacity Estimate form.

Attached is an authorization allowing you to release this information to Greater Georgia Life. The information can be faxed to my attention at 1-404-682-9299.

If you have any questions or concerns, please feel free to give me a call at 800-905-0018, extension 29251.

Thank you in advance for your attention to this matter.

Kristie Y. vyoods

Senior Quality Management Specialist/Appeal Coordinator

Dr. DeHaven 00053 Eva Williams v. Greater Ga. TRANSMISSION VERIFICATION REPORT

TIME NAME FAX TEL 08/22/2005 11:10

DATE, TIME FAX NO. /NAME DURATION PAGE(\$) RESULT MODE 08/22 11:08 914046829288 00:01:37 10 OK STANDARD ECM

SOUTHERN BONE & JOINT SPECIALISTS, P.C.

| To: | Whom it may concern | Date: 8/9/65 |
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| () | May return to work on | |
| () | Should not participate in physical education for the period | |
| () | Other: | |

John

3/95



To: Case 1:86-68-0387-CSC

Document 20-3 Filed 12/13/2006 From: Michelle Jones

Disability Case Inchager

199980

Page 57 df 88001

 Company:
 Company:

 Phone:
 Phone:
 (800)232-0113 Ext. 29274

 Fax:
 334-836-2248
 Fax:
 (404)682-9252

Date:

08/01/05

Mumber of pages including cover:

Subject:

Eva Williams

DOB 09/24/1953

R:e:

Medical Records

Please forward office notes from 07/26/05 w/ diagnosis, treatment plan, medications, complications/restrictions, next office date and estimated return to work date.

Thanks, Michelle Jones, DCM

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THE PRACTICE OF ORTHOPEDICS

MAILING ADDRESS:
POST OFFICE BOX 729
DOTHAN, ALARAMA 36302-0729
(334) 793-2663
1-800-460-2663
FAX (334) 836-2248
www.southernbonezndjoint.com

WILLIAM B. HANSON, M.D.
JOHN H. HALEY, Jr., M.D.
ROBERT W. MOORE, JR., M.D.
I. PAUL MADDOX, M.D.
I. BRET SOUTSON, M.D.
R. BRUCE HALL, M.D.
D. KETH GRANGER, M.D.
HENRY H. BARNARD II, M.D.
CHRISTOPHER E. ROBINSON, M.D.
JAMES P. DEHAVEN, M.D.
R. DEAN LOLLEY, M.D.
DAVID W. ALFORD, M.D.
O.H. (SKIP) CHITWOOD III, M.D.
FLEMING G. BROOKS, M.D.

BONNIE I DUNGAN, M.D. ICAL MEDICINE AND REHABILITATION

MILTON H. WOOD, C.E.O. / ADM.

EAST LOCATION: 1500 ROSS CLARK CIRCLE

WEST LOCATION: FLOWERS HOSPITAL 4300 WEST MAIN STREET, SUITE 14

> ENTERPRISE LOCATION: 464 NORTH MAIN STREET (334) 308-9797

FACSIMILE TRANSMITTAL SHEET

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Health Care Information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that doesn't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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|----------------|-----------------|-------------------------------|----|
| COMPANY: | DATE: | 8-3-05 | |
| FAX NUMBER: | TOTAL | NO. OF PAGES INCLUDING COVER: | |
| PHONE NUMBER: | | | • |
| Eva Zu |)illiams) | 9-24-53 | |
| □ urgent □ for | REVIEW PLEASE | COMMENT PLEASE REP | LY |
| Comments: | | | |
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| | | | · |

IMPORTANT WARNING:

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately and destroy the related message.

SOUTHERN BONE & JOINT SPECIALISTS

| To: | Whom it may concern | Date: 1/2 | 25/05 |
|------------|--|-------------------------|--------------|
| Name | : 600 Williams 197980 | | |
| This i | s to certify that this patient | | |
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Southeastern Printers 334-792-2928 - 3/95

Case 1:06-cv-00387-CSC Document 20-3 Filed 12/13/2006

> DITABILITY DETERMINATION SERVICE POST OFFICE BOX 2371 MOBILE, ALABAMA 36652 - 2371



Toll - Free Number 1-800-292-6743

Local Number 433-2820

May 23, 2005

Fax Number 1-866-486-6536

TAX ID: 200870135

UNIT: 03/3

DMA

CLAIM: 297336

MY 27 2015

PAY TO: SOUTHERN BONE & JOINT

TDN: 1749675386

SOUTHERN BONE & JOINT

SPECIALISTS

POST OFFICE BOX 729

DOTHAN AL 36302-0729

RE: EVA WALKER WILLIAMS

AKA:

149 COUNTY RD 251 **HEADLAND AL 36345**

A/N:

420-80-7415 INT/SSA

DOB: September 24, 1953

James P DeHaven MD

The Disability Determination Service (DDS) is writing to obtain medical evidence on behalf of this individual who has applied for disability or blindness benefits under the Social Security Act. The DDS is responsible for determining if the person is disabled or blind. A signed authorization for release of information is enclosed.

Please furnish either a summary and/or copies of your medical office records along with laboratory findings, x-ray interpretations, EKG tracings, and other studies that you may have on this individual.

The DDS would like to have a statement based on your medical findings and observations, expressing your opinion on the limiting effects of the individual's physical and mental abilities to perform basic work related functions, i.e. lifting, walking, standing, sitting, etc. If the claim involves a child, we need to know how the child's ability to function is limited compared to children of the same age who are unimpaired.

The DDS is authorized to pay for this information. This payment does not apply to Federal records. This authorization cannot be transferred to a third party or another tax number. A reply within 10 days would be appreciated. Unless the information is received within 60 days, no payment can be made.

PLEASE SIGN THE LETTER IN THE SPACE BELOW, AND RETURN IT TO THE DDS WITH THE REQUESTED

INFORMATION. NO OTHER BILLING IS NECESSARY.

AUTHORIZED AMOUNT

\$ 15.00

VENDOR: SOUTH0174

SIGNATURE OF PHYSICIAN OR AUTHORIZED REPRESENTATIVE

Sincerely,

Jack Miller DMA

Disability Specialist, Telephone Ext.

Enclosures

MD01 - BJS

3H/6-2-05

Dr. DeHaven 00059 Eva Williams v. Greater Ga.



SITE: V19 DR: F RQID: 1749675386297336 SSN: 420807415 DOCTYPE: 0001 RF: D CS: dd58

Page 61 of 88 Approved Case 1:06-cv-00387-CSC Document 20-3 Filed 12/13/2006 OMB No. 0960-0623 ுe Disclosed WHOSE Records First NAME Eva W. Williams SSN 420-80-7415 Dr. DeHaven 00060 Birthday (mm/dd/yy) 09-24-1953 Eva Williams v. Greater Ga. SSA USE ONLY NUMBER HOLDER (If other than above) NAME SSN **AUTHORIZATION TO DISCLOSE INFORMATION TO** THE SOCIAL SECURITY ADMINISTRATION (SSA) ** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ** I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange): All my medical records; also education records and other information related to my ability to perform OF WHAT tasks. This includes specific permission to release: 1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to: Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501) Drug abuse, alcoholism, or other substance abuse Sickle cell anemia Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV) or sexually transmitted diseases Gene-related impairments (including genetic test results) 2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations. Information created within 12 months after the date this authorization is signed, as well as past information. THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify FROM WHOM the subject (e.g., other names used), the specific source, or the material to be disclosed: All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities All educational sources (schools, teachers, records administrators, counselors, etc.) Social workers/rehabilitation counselors Consulting examiners used by SSA **Employers** Others who may know about my condition (family, neighbors, friends, public officials) The Social Security Administration and to the State agency authorized to process my case (usually called "disability TO WHOM determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.] Determining my eligibility for benefits, including looking at the combined effect of any impairments **PURPOSE** that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits. Determining whether I am capable of managing benefits ONLY (check only if applies) This authorization is good for 12 months from the date signed (below my signature). **EXPIRES WHEN** I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above. I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details). I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).

| INDIVIDUAL authorizin | | IF not signed by subject of disclosu Parent of minor Guardian | re, specity basis for a | authority to sign presentative (explain |
|-------------------------|---------------------------------|---|---|--|
| Eva www | elliamo | (Parent/guardian/personal representative here if two signatures required by State | e sign e law) | |
| Date Signed 5//0/03 | Street Address 149 COunty RC | Pad 251 | | |
| Phone Number (with area | code) City | | State AL | 36345- |
| | the person signing this | form or am satisfied of this person's in | dentity: ess sign here (e.g., if sig | ned with "X" abo |

Phone Number (or Address) This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Phone Number (or Address)

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SOUTHERN BONE & JOINT SPECIALISTS, P.C.

| To: | Whom it may concern | ** | Date: 5/3/05 |
|--------|--|--------------|--------------|
| Name | : Eva W. Williams . 199980 | | , |
| This i | is to certify that this patient | | |
| () | Was treated in my office today. | | |
| (X) | Will be unable to work for the period | 2 weeks | <u>v</u> |
| () | May return to work on The 13, 2003 | 5 W | Withding |
| () | Should not participate in physical education for | or the perio | d |
| () | Other: | | |

SOUTHERN BONE & JOINT SPECIALISTS

| То: | | Date: 4/21/05 |
|---------------------|--|---------------|
| Name: | Eva Williams # 199980 | |
| Thisis | s to certify that this patient | |
| $\langle X \rangle$ | Was treated in my office today. | |
| () | Will be unable to work for the period | |
| $\langle \sqrt{}$ | May return to work on 5.14.05 | |
| () | Should not participate in physical education for the period | |
| (X. | Should not participate in physical education for the period Other: Other | |
| | Qual . | |

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IQCIO HORIZON HOME CARE
TRANSFER/DISCHARGE SUMMARY

APR. 2/3/05 IDD

| Patient Name: Evc William Primary DX: 0 Jol 0A Secondary DX: 5 C. China | B THA | Pt. #: 191376 Transfer/Dischar Last Skilled Visit | ge Date: 1-18-04 |
|--|---|--|---|
| SERVICES RENDERED: — Number of Visits | Skilled NursingHome Health Aide | Physical Therapy Speech Therapy | Occupational Therapy MSW |
| Include surmary of physical; Emotions Oh slo The procedure The p | al-mental status/behavior; Psycho-s | Physical Transparence Services of the Services | needs/discharge planning) |
| PERSON RESPONSIBLE FOR Patient has Advanced Directive | | | Yes No |
| FUNCTIONAL STATUS: AmbulationTransfersDressing | = Independent Bathing Toileting Eating | D = Dependent Meal Prep. Cleaning Laundry D = Dependent | A = Assistance Financial Telephone MD Appointments |
| REASON FOR TRANSFER B01-Home/Self-Care B02-Hospitalized B03-Skilled Nursing Facil B04-Immediate Care Fac | B05-To another B06-To another or DC/S00 | HH Agency C w/in 60 days | B08-Moved out of Area B20-Expired at Home B50-To Hospice-Home B51-To Hospice-Medical Facilit |
| REFERRAL TO OUTSIDE FDHR/HRSRespiratoryRehabilitationHomemaker Services | | ealth Facility Me | A nuncil on Aging eals on Wheels |
| Call Comparities of an emergency. Call Comparities develop as indicated below if problems develop as indicated below if you can't physician in case of an emergency. Temperature elevation over 101°F | Pain not relieved by w. Pain not relieved by Bright red bleeding or cannot be control Sudden onset of sh | | RGE: Body rash develops Questions regarding medication Uncontrolled nausea/ vomiting/diarrhea |
| PT'S UNDERSTANDING/R | ESPONSE TO INSTRUCT THA DRECE SE ES ! | estacted | • |
| RN Signature Copy to Dr. | A . | Dr. DeHaven 00063 Eva Williams v. Greater C | Date Date |

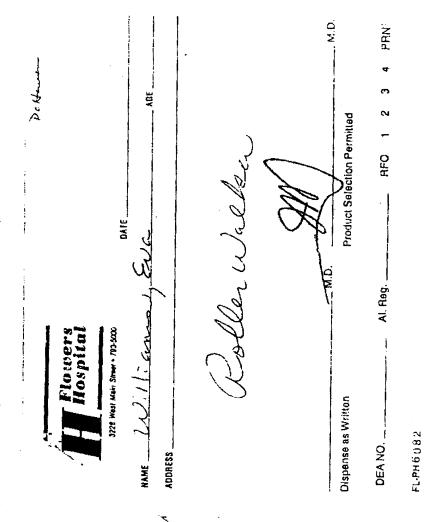
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| Forced Before Be | used to (Check of Deliver aerosoliz Facilitate clearary Produce mechanic Correct or preventhe Patient successive Patient an instant type of insulinother (Describe): es the Patient has one meal time? Is it necessary for its the Patient's Valle in the presented by the presented by the presented by the presented by the presented in may constitute the presented by the presented by the presented by the presented in the presented in the presented by the presented by the presented by the presented in the presented by the presented b | all that apply) red medication red of secretion and dilation rent atelectasis resstully use a | Predicted V.C. Drissions of the bronchi and sea hand-held nebulized the production of the bronchi and sea hand-held nebulized to lead enough to requiring trained to use a sea to make frequent of the subject to lead to subject to subje | lungs er or a ne s | e. Counter f. Decreas g. Regulat h. Other (in bulizer with a co | act pulmonise the work e inspirator Explain): compressor? de average of the number of | ary conger of breathing and expired and ex | stion or eding iratory flow of insulin? I No (Exposition of insulin? It episodes I ality: | patterns lain Below): ons? of insulin Yes No Yes No Yes No Yes No ompleted, sign fication of info |
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Eva Williams v. Greater Ga.

| | cument 20- | 3 Filed 12/ | 13/2006 | Page 66 of 88 | 3 |
|---|---------------------------------|--|-------------------------------|---|-----------------|
| 3593-Dothan | | | | and Blue Shield of | Alabama |
| BlueCross BlueShield DUR of Alabama | ABLE MI | ENI | | and Blob Shield of P.O., Bo gham, Alabama, 35 Fax: (205) | 236-2025 |
| Check As Appropriate: COME CONFLETE ALL ITE | ATIFICATION | COMETER RECERTIFIC ING TO THE PA | MENT'S CO | NDITION AND EC | UIPMENT |
| PATIENT INFORMATION COM- | 203 2 Da | ate Patient Last S | en by Docto | 25808 | 7614 |
| 1. Patient's Name Sua Williams 9-24 | -53 | | 5. Progn | | |
| 4. Diagnosis | | | 600 | | ☐ Poor |
| 7010 | I - 1211 1 1 - Th | se Patient's Condit | ion Concerni | ng Mobility | |
| 6. Estimated Number of Months Equipment Needed 12 (Do NOT put "INDEFINITE"; be specific) | 7. What is to | infined? | | s-Complete immed % of the Time % of the Time | iately below |
| Date Prescribed 12-17-04 | : | | □ 10 | 0% of the Time | Į |
| 8. Rental Period This Certification Applies 10 (Certification Length CANNOT Exceed 12 Months) First Day (MM-DD-YYYY) (MM-DD-YYYY) | b. Room c. Wheel d. Ambul | Confined? chair Confined? atory? | ☐ As | | ired or Cane |
| Supplier's Name, Street Address, City, State, ZIP Code, Telephone # | | ient Disoriented? | UNO □Y | | |
| Breathing Care Associates 430 West Main St., Ste. 2 Dothan, AL 36301 (334) 793-9674 10. Supplier's Provider Number | 11. Reques | Sted HCPCS code | walker | whe | |
| 51057210 | TO NE | ON THE BACK O | FTHE FOR | M FOR OXYGEN | AND IPPB |
| GENERAL COOK | SECTIONS | | EN INDICAT | ED IN QUESTION | 12 |
| 12. General Equipment Selected for Patient ☐ a. Alternating P.P. & Pump (Complete #15) | | 40 Pegarding F | lectric Beds, cause the ac | is the Patient able t | o work the |
| ☐ h. Bed, Electric (Complete #13 and # 14) ☐ c. Bed, Semi-electric (Complete #13 and # 1 ☐ d. Bed, Standard ☐ e. Bed, Variable Height (Complete # 14) | 4) | 14. Does the Pa | tient's conditi | ion require frequent in an ordinary bed | changed in ? |
| ☐ f. Cane or Quad Cane | | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| g. Walker With Wheels | | 人名 第 . 源 200 000 | | ve or is the Patient | |
| ☐ h. Wheelchair ☐ 1) Standard ☐ 2) Electric ☐ 3) Detachable Arms | | to decubitus | s ulcers? | | · · |
| ☐ 4) Leg Rests ☐ 5) Special; Type: | | Physicia | n to use a po | trained by a Therap wered percussor? | _ |
| ☐ i. Commode, Bedside | | b. Is there | anyone else ild administer | at the Patient's hon manual therapy? | Yes 1 |
| ☐ j. Lift, Patient | | 17 CPAP/BIPA | P | | |
| ☐ k. Nebulizer, Hand-held | | Date of sle | ep study | | |
| ☐ 1. Nebulizer, Ultrasonic ☐ m. Percussor (Complete #16) | | Name of fa | cility: | . —— —— —— | |
| C in Dails, Sedaide | | Respirator | y disturbance | index | |
| ☐ o. Suction Machine | • | (RDI) pre | CPAP | | |
| Tip Sitz Bath | | ☐ CPAP p | ressures: | | |
| ্ৰ q. Traction Equipment | | T BIPAP I | pressutest | | |
| Trapeze Bar | | 18. If for rece | dification has | s Patient demonstra | ited committee? |

in the use of this from

☐ s. Other (Describe)



Dr. DeHaven 00066 Eva Williams v. Greater Ga. ŧ

| OXYGE | N You Musi NOTE: Y | Provide. | the Lab R Also Notify | esults of the Carti | re Blood G er in Writing | When a Pa | tient's Co | ndition or C | xygen Ne | ds Change. | |
|--------------------|--|-------------------|---------------------------|-------------------------|-----------------------------|-------------------------------------|-----------------|---------------------------------|--------------------------|------------------|-------|
| | od Date PG ₂ t | | Oximetry | : Where W | as lest bone | er Check C | randition o | ranem Du | mg nO2 1 | Mas Lanett Ott | i |
| 19.19ро | IMM o | of Hal | Level | ् 🗀 Patien | t's Home | or Oxim | etry Level | lest | | HOOM MILOS | |
| | (| · | (% of \mathcal{O}_2) . | C Doctor | 's Office | | | s, Such as El | xercise (| Dxygen at Time | of |
| | | | | 🕕 Nursin | g Home | 🔠 At Re | | | | Blood Gas Stud | λ. |
| | | | | | endent Lab | ☐ While | Sleeping | | | ☐ Room Air | |
| | | ! | | ☐ Hospit | | | | | 10 | ☐ Oxygen | |
| | pe Oxygen Unit | Proscribe | ed: Ti Poda | abie 🗆 Sta | | | b. Type | O ₂ Prescrib | ed: ☐ Liqu | id 🗆 Gaseous | |
| 21 16 2 5 | ODTABLE unit | ie heing II | tilized exp | lain how: | As backu | p to a station | nary unit | ☐ To go | to the Doct | or's office | |
| □ Fo | or exercise thera | ny outside | e the home | | | _ hours at a | time to be | repeated | | | |
| 22. How | many hours per | r day is th | e Patient o | in Oxygen? r minute? | a. Non-poi | rtable O ₂ : d. Deliv | / very metho | nours b.P ds? 🗍 Nasa | onable 02. al Cannula | ☐ Mask | urs |
| C. VV | tollowing treatm | ate in itera | \$ 01 O2 pc1 | HOLE DIAC | DECC for this | Dationt PD | OP TO OX | YGEN THEE | RAPY TRE | ATMENT DATES | 3. |
| 23. The | No | | | | | | | | BEGAN (MM-DD-YY | | |
| | □ Bronchodila□ Medication | | | DICATION NAM | WE. | | DOSAGE | | | | |
| | | | | | | | | | | | |
| | | . | | OHE COTE | | | | | | | |
| | ☐ Physical Ti | nerapy: | ⊟ a. Per | cussuis athing Ever | rcises | | | ••••• | | | |
| Π | □ Other Trea | ıtment: | | attang Exo | | | | | ļ ——— | | |
| | | | - | | | | TON LEN | CTU CANN | OT EVCE | D SIY MONTI | C |
| IPPB | | | | | | ERTIFICA | OMPER | | | D SIX MONTI | |
| 24, Cun | rent results of ar | ny pulmor | nary functio | ⊭. stud"∋s a | re: | | | 29. What is | s the irro | requency or us | 3 |
| Ford | ced vital capacit | y before a | and after ac | erosol brond | chodilators: | | | | | - | |
| | efore : | After | . P | Predicted V | C. | Date of Stu | idies | • | | | |
| • | ! | | | | | | | 1 | | | |
| | | | | | | | | | | | • |
| | B used to (Chec | | | | | De Co | interact bu | lmonary con | destion or e | edema | į |
| | a. Deliver aeros | | | | | | | work of brea | | | |
| t | o. Facilitate clea | irance of s | secretions | | | □ i. Dec | rease ule | iratory and e | unicatory fla | w nattorne | |
| | c. Produce med | | | e bronchi ai | nd lungs | | | | xpiratory inc | w patterns | |
| | d. Correct or pre | | | | | | er (Explair | | | | |
| 26. Car | n the Patient suc | cessfully | use a han | d-held nebu | ilizer or a nel | bulizer with | a compres | sor? 🗆 Yes | □ No (Exp | olain Below): | |
| GLUC | OMETER | | | | e . 6 | | | | | | |
| | his Patient an in | sulin-dep | endent dial | betic? □ Y | ′es □ No │ | 28. What is | s the avera | ige daily dos | e of insulin | ? U | nits |
| 20 14/6 | at type of insulir | n is being | used? | Recular 1 | INPH | 30. What is | s the numb | er of daily in | sulin injecti | ons? | |
| | Other <i>(Describe)</i> | | useu: 🗀 | 110goldi C | 1 | | | • | • | | |
| | | | | | | 20 Dage 1 | ha Dationt | have freque | nt eniendes | of insulin | |
| | es the Patient har fore meal time? | ave widely | y fluctuatin | g blood sug Yes 🖸 | ars 2 No | reaction | | Have neque | ال ت | Yes ☐ No | |
| 32 ~ | Is it necessary f | or the Pal | ient to mal | ke frequent | checks of his | s or her bloc | d glucose | level? | | ☐ Yes ☐ No | |
| 33. a. | is it necessary in | Of the Fat | | ich to roqui | re a enecial | ducase mar | ritorina svs | tem at home | 9? | ⊒ Yes ☐ No | |
| b. 1 | is the Patient's | vision imp | paired enou | ign to redui | te a special | glucose moi | nitoring sys | icini zi ilovilo | | ☐ Yes ☐ No | |
| | Is this Patient ca | | | | | | | | | | |
| PHYS | ICIAN'S INFOR | MATION | I. CERTIF | CATION C | R RECERT | IFICATION | - NOTICE | E: This form | must be co | mpleted, signer | i |
| and da | ited by the presence may consti | crihina ph | vsician to. | accurately a | adjudicate in | e DME Clain | n. Any mis | representati | on or falsifi | cation of inforn | ia- |
| | Physician's Nan | | | | | | c. Phys | ician's Speci | ality: | Dr. DeHaver | ı 000 |
| | Friysician s Ivan | | | Y Dace | Chirl | Vivo 10 | | | | va Williams v. C | |
| 34. a. | C "[/] [/] [/] / / | ee iiive | メレール | N KUD | | عاب الد | - | | | | |
| \perp \bigcirc | James (| 7.11 | - N In 11 | C//2//201 | | | | | | | |
| Dr | r Janes L Hm: Sonia Physician's Pro | 174 | 10 M. H. | 36301 | | | | e Telephone | Number: | | |
| | HTM' SONIO Physician's Pro | UOHY vider Num | noun, AL. | 36301 | | | | | | | |
| Dr A b. | Physician's Pro | Vider Num | nder: | 36301 | equipment of | rescribed is | part of my | present odd | iree of treati | ment and to - | |
| 35.1 cm | HTM' SONIO Physician's Pro | Vider Num | nder: | 36301 | equipment of | rescribed is | part of my | present cod 5 in the distric | iree of treati | ment and for a | |

| BlueCross BlueShield of Alabama | BlueCrossBlueShield of Alabama |
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| BlueCross BlueShield of Alabama An independent Licensee of the Blue Cross and Blue Shield Association. | RABLE MEDICAL EQUIPMENT | Blue Cross and Blue Shield of Alabama P.O. Box 362025 Elimingham, Alabama 35238-2025 Pax: (205) 989-3899 |
|--|---|--|
| Check As Appropriate: ☑ ME □ OXYGEN □ CPAP □ BIPAP □ CE | IPPB III GLUCOMETER BTIFICATION III RECERTIFI | CATION |
| PATIENT INFORMATION COMPLETE ALL IT 1. Patient's Name E()a(Williams 9-2) | EMS PERTAINING TO THE P 2. Date Patient Last 9 4-53 | ATIENT'S CONDITION AND EQUIPMENT. Seen by Doctor 3 Subscriber Number R5808.76.14 |
| 4. Diagnosis 781- 2, 715 90 | | 5. Prognosis ☑Good ☐ Fair ☐ Poor |
| 6. Estimated Number of Months Equipment Needed /2 (Do NOT put "INDEFINITE"; be specific) Date Prescribed /-7-05 | 7. What Is The Patient's Cond a. Bed Confined? | ☐ No ☐ Yes-Complete immediately below ☐ 50% of the Time ☐ 75% of the Time |
| 8. Rental Period This Certification Applies To (Certification Length CANNOT Exceed 12 Months) First Day (MM-DD-YYYY) (MM-DD-YYYY) | b. Room Confined? c. Wheelchair Confined? d. Ambulatory? | ☐ 100% of the Time ☐ No ☐ Yes ☐ No ☐ Yes—Complete immediately below ☐ Assistance Not Required ☐ Assisted by a Walker or Cane |
| Supplier's Name, Street Address, City, State, ZIP Code, Telephone # | e. Is Patient Disoriented? | ☐ Assisted by a Person ☐ No ☐ Yes |
| Breathing Care Associates 430 West Main St., Ste. 2 Dothan, AL 36301 (334) 793-9674 | 11. Requested HCPCS code | |
| 10. Supplier's Provider Number 510-57210 | 20100 Mu | care |
| | SECTIONS ON THE BACK O | FTHE FORM FOR OXYGEN AND IPPB |
| 12. General Equipment Selected for Patient | COMPLETE WHE | EN INDICATED IN QUESTION 12 |
| ☐ a. Alternating P.P. & Pump (Complete #15) ☐ b. Bed, Electric (Complete #13 and # 14) | | ectric Beds, is the Patient able to work the |
| ☐ c. Bed, Semi-electric (Complete #13 and # 14) | · | ause the adjustments? |
| ☐ d. Bed, Standard ☐ e. Bed, Variable Height (<i>Complete # 14</i>) | 14. Does the Pati body position | ent's condition require frequent changed in not feasible in an ordinary bed?; condition is: |
| 61∕1. Cane or Quad Cane ☐ g. Walker ☐ With Wheels | in de la companie de | |
| ☐ h. Wheelchair ☐ 1) Standard | 15 Doos the Pati | ent now have or is the Patient susceptible |
| ☐ 2) Electric ☐ 3) Detachable Arms | to decubitus u | |
| ☐ 4) Leg Rests ☐ 5) Special; Type: ☐ i. Commode, Bedside | Physician 1 | atient been trained by a Therapist or to use a powered percussor? Yes No yone else at the Patient's home |
| ☐ j. Lift, Patient | | administer manual therapy? ☐ Yes ☐ No |
| ☐ k. Nebulizer, Hand-held | 17. CPAP/BIPAP | |
| ☐ I. Nebulizer, Ultrasonic | Date of sleep | study: |
| ☐ m. Percussor (Complete #16) ☐ n. Rails, Bedside — | Name of facili | ty: |
| o. Suction Machine | · • | isturbance index |
| □ p. Sitz Bath | • | AP: |
| 🖸 q. Traction Equipment | · · · · · · · · · · · · · · · · · · · | sures: |
| 🗇 r. Trapeze Bar | | ssures: |
| s. Other (Describe) | ! 18. If for recertific | cation, has Patient demonstrated compliance |

| | C Docum | - 2. mide(NO.) is. |
|--|--|--|
| of health and Human Services | TOTAL TOTAL | TON AND P.AN OF C. Record No. 32254 |
| Singuille On The Table of the Party of the P | | d |
| Start of Care Sale | om: 12202104 | 7913/5 To: 02172605 7913/5 Promoet's Name, Address and Telephone Number Temporate, Editaula |
| s HI Claim 1 2202004 | om: | Provider's Name, Address the Homizon Homedame, Eufaula Homizon Homedame, |
| 5 Name and Address 334-535-9696 | | Tamas MON Ellinoum |
| s Name and Address 331 | | 335 Macon Avenue 335 Macon AL 36027 Eufaula, AL 36027 |
| PRINCE BURNEQ | | |
| COUNTY ROAD 251 ville, AL 36310 | | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged |
| Ville, Ad | | 10 Medications: Dose/Frequency Houte |
| 9. Sex | M X F | 10. Medications: Doserrequents, 100 Medications: Doserrequents, 100 CONTRAINDICATIONS. NO CONTRAINDICATIONS. Coumadin; 5MG; Qpm; PO. Lortab; 7.5mg/ 500mg; 1 to 2; Q 4-6 hrs, PRN; Lortab; 7.5mg/ 500mg; 1 to 2; Q 4-6 hrs, PRN; |
| f Birth 09241953 | Date | Coumadin; 5MG; Comg; 1 to 2; q 425 |
| -CM Principal Diagnosis | | Lortab; /. smg/ |
| <see 487=""></see> | Date | 1 10() |
| O-CM Surgical Procedure | 121404(0) | Zocor; 40mg; Qpm; PO. Axalide; 50/12.5mg; Daily; PO. |
| | Date | |
| Disconses cied 40 | 122004 (0) | |
| 2 Abnormality of Gait | 122004(0) | |
| as I and Term Use Us | 010100(0) | |
| Aircredage | 010100 (0) | |
| 9 HTN | | 15. Safety Measures: |
| | | <see 487=""></see> |
| E and Supplies | | 17. Allergies: ASA wheelchair |
| ee 487> | | Land Activities Permitted Pagial Weight Bearing A |
| ritional Req. regular | . aliad | Complete and the Complete and C |
| Functional Limitations | Legally Blind | No Restrictions |
| a Amoutation 5 | Oysprea With | Other (Specify) |
| Bowel/Bladder (Incominence) 6 X Engurance | Coher (Specify) | 3 X Up & Transfer Bed/Chair 9 Cane |
| 7 Amoundari | | 4 Exercises Prescribed |
| Contracture 8 Speech | | Agitated |
| Hearing | Forgetful | 5 Oisoviented 8 Outer F Excellent |
| 1 X Oriented 3 | | 6 Lathwegic 4 A Good |
| Me ital Status: 1 A Orientes 2 Commisse 4 | Depressed | 3 Fair |
| | Guarded | |
| Prognosis: | ount/Frequency/D | i an |
| Prognosis: 1 Poor 2 Orders for Discipline and Treatments (Specify Amo Initial visit on 20 Dec C4 to ac | imit to ser | Vice |
| Initial visit on 20 Dec 04 | | Thurs. Cleanse with NS, cover |
| Initial visit on 20 Dec visit | S ON MON & | nd care to (R) hip. draw of protime/ink q |
| SN: 2 times per week Is SN to P | erform wow | y. SN to perform 122/27/04. May replace |
| Assess Vital and secure with | cape care | Thurs. nd care to (R) hip. Cleanse with NS, cover and care to (R) hip. Cleanse with NS, cover y. SN to perform lab draw of protime/INR q y. SN to perform lab draw of protime/INR q y. SN to perform lab draw of protime/INR q remove staples on 12/27/04. May replace remove staples on 12/27/04. |
| with 4X4's and venipunctu | ire. Si u- | |
| with steri strips of | care. | |
| with steri strips. Instruct in all aspects of | Caro | |
| Institute 25 | | |
| PT: Evaluate and treat. | | |
| PT: EVALUACE | | |
| | | 00070 |
| | | Dr. DeHaven 00070 |
| | | Eva Williams v. Greater Ga. |
| | | |
| | | |
| · , | | and |
| · , | | f medication use, purpose and |
| | <see 487=""></see> | rate understanding of medication use, purpose and be understanding of medication use, protime/INR will be care. |
| 22 Goals/Rehabilitation Potential/Discharge Plans | <see 487=""> .11 demonst</see> | rate understanding of medication use, purpose and med compliance within 1 week. Protime/INR will be med compliance with by MD throughout plan of care. |
| 22. Goals/Rehabilitation Potential/Discharge Plans (Tr) SN Care goals: Pt/c/g wi | <pre><see 487=""> .11 demonst it through</see></pre> | rate understanding of medication use, purpose and med compliance within 1 week. Protime/INR will be peutic range as set by MD throughout plan of care. |
| 22. Goals/Rehabilitation Potential/Discharge Plans (Tr) SN Care goals: Pt/c/g wi management | <pre><see 487=""> .11 demonst it through ad in thera</see></pre> | rate understanding of medication use, purpose and med compliance within 1 week. Protime/INR will be apeutic range as set by MD throughout plan of care. patient to achieve full rehab potential. |
| maintear- | ill assist | Pacterior 125 Date HHA Received Signed For |
| mainteal | ill assist | 25. Date HHA Received Signed FO |
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| maintear- | ill assist | 25. Date HHA Received Signed For 12202004 26. 26. that this patient is confined to his/her home and not the parany and/or speech the |
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Page 72 of 88 OMB No. 0938-0367 artinent of rieesth and if iman Services th Dere Branding Administration MEDICAL REDATE PLAN OF TREATMENT AULENBUM TO 5. Provider No. 4. Medical Record No. 3. Certification Period 2. SOC Date Patient's H. Claim No. 32254 Ta: 02172005 791375 From: 12202004 12202004 258037614 7. Provider Name Patient's Name Horizon Homecare, Eufaula WILLIAMS, EVA J Sharps disposal; universal precautions; keep assistive devices in working order No. ĵ. Care involving Physical Therapy 010100(0) 11. V57.1 Hyperlipidemia, other unspecified 4x4's; tape,; NS; staple removal kit; steri strips; butterflies; alcohol; bandaids; tubes 13. Discharge Plan: Discharge to care of self with MD follow up when condition stable and 14. 22. goals met.

> Dr. DeHaven 00071 Eva Williams v. Greater Ga.

3. Signature of Physician

1. Optional Name/Signature of Nurse/Therapist

2/10. Date

12. Date

-KONIZON HOME CARE

PHYSICIANS ORDERS

| Date: 1. 4-05 | |
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| Physician's Name: | |
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| Patient Name: EVA WILLIAMS DOB 9/6 | · • |
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| Thank You, PHYSICIAN'S SIGNATURE: | Dr. DeHaven 00072 Eva Williams v. Greater Ga. |
| DATE: 7/2-01 | 2003 Rev. 11 |

Larizon home care-

PHYSICIANS ORDERS

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| Patient Name: Na Williams DOB/24 | Patient Number: 29/375 |
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| DATE: 2 () () () () () () () () () (| 2941 Rev. 11/0 |

Rev. 11/04

TIME : 01/07/2005 08:22

DATE, TIME FAX NO. /NAME DURATION PAGE(S) RESULT MODE 01/07 08:22 97126372 00:00:28 01 OK STANDARD ECM

| SOUTHERN BONE & JOINT SPECIALISTS | 1 |
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| 1500 ROSS CLARK CIRCLE ORTHOPAEDICS 404 N. MAIN STREET 4300 WEST MAIN STREET, SUITE 14 ENTERPRISE, ALABAMA 36330 DOTHAN, ALABAMA 36301 (334) 793-2663 • 1-800-460-2663 | |
| ROBERT W. MOORE, JR., M.D. J. PAUL MADDOX, M.D. J. BRET SIMPSON, M.D. Reg. No. AS2688743 Ala. Reg. No. 9249 Ala. Reg. No. 9563 Ala. Reg. No. 13924 Ala. Reg. No. 13924 Ala. Reg. No. 15198 Ala. Reg. No. 15198 Ala. Reg. No. 15198 Ala. Reg. No. 15198 Ala. Reg. No. 15304 Ala. Reg. No. 15305 Ala. Reg. No. 15049 Ala. Reg. No. 15049 Ala. Reg. No. 21113 Ala. Reg. No. 15049 Ala. Reg. No. 15049 Ala. Reg. No. 15049 Ala. Reg. No. 15049 Ala. Reg. No. 25066 Ala. Reg. No. 15049 Ala. Reg. No. 25066 | |
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SOUTHERN BONE & JOINT SPECIALISTS

| То: | Whom it may concern | Date: 1/21/05 |
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| This i | s to certify that this patient | |
| () | Was treated in my office today. | |
| () | Will be unable to work for the period | |
| () | May return to work on | |
| () | Should not participate in physical education for the period | |
| () | Other: Ms. Williams had kurgery on Dx. Right Total Hep. | 15/14/04 |

Southeastern Printers 334-792-2928 - 3/95

HORIZON HOME CARE

PHYSICIANS ORDERS

| PHAZICIANO | 111 |
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| 10/20 |) /4 |
| Date: | |
| Date: 12/2/2 | |
| Mhain | |
| Physician's Name: | |
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| Patient Name. Eva Williams | 79/375 |
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| Eva Williams | DOB//OTT |
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| PHYSICIANS ORDERS | |
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| Date: 12/23/4 | |
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HORIZON HOME CARE PHYSICIANS ORDERS

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Dr. DeHaven 00078 Eva Williams v. Greater Ga.

SOUTHERN BONE & JOINT SPECIALISTS

| | Whom it may concern | Date: MALVES |
|---------|---|--------------|
| Name: | Car, Ollitans | |
| This is | to certify that this patient | |
| · / | Was treated in my office today. | |
| (Y) | Will be unable to work for the period des nuble | · acts = M |
| () | May return to work on | |
| () | Should not participate in physical education for the period | |
| () | Other: | |
| | | |

Southeastern Printers 334-792-2928 - 3/95

SOUTHERN BONE & JOINT SPECIALISTS, P.C.

| То: | Whom it may concern . Hence Danula | Date: 12/30/04 |
|-------|---|------------------------|
| Name: | Whom it may concern: Yence Danula Eva Williams. 199980 | |
| | s to certify that this patient | • |
| () | Was treated in my office today. | 4 : 0 0 0 0 1 |
| (X) | Will be unable to work for the period for 3 Months from a | eme of surgry 12-14-04 |
| () | May return to work on | |
| () | Should not participate in physical education for the period | |
| () | Other: | |

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Case 1:06-cv-00387-CSC | Document 20-3 | Filed 12/13/2006 | Page 82 of 88 | 12/13/2006

Employee Short-Term Disability was Form

| | MPLOYEE INFO | MATION | | | |
|--|---|--------------------|----------------|-----------------|-----------------------------------|
| | dipon this north | anf your dis | ability cia | in alama | |
| Please complete Failure to fully answer | L All onceitous way. | sciay proces | 4 | | uniy Number |
| 1 Employee's Name (Please Print) | 1. Sec | 1 Disc of Birt | "-n | 1/1/1- | 84-7411 |
| EVA W. Williams | G Malc | 4/24 | 53 | <u> 720 -</u> | 80-7415 |
| EVA W. WITHAMS | | 7 | | | |
| Emplayee's Street Address | | | | | |
| NO BOX 63 | 1. Telephone Number | ((\$34) | 8 Your Occ | | |
| 6. City. State, and Zip Code | mar GI | 91 | Milca | hino | Date of First Treatme |
| Abbeville, AL 36310 | 585-94 | 16 | 10 Date | First Disable | d Daic of First Treatme |
| O. C Jover Name and Location | , 1. | | | | |
| West Point Steven Abb | reville, AL | | | | |
| WEST FOILT STEE | 13. Doctor's Address | | | | |
| 12. Doctor's Name | | | | | 17. Where did ii occur* |
| Dr. Dehaven | 15. Is this condition | lue to injury? | 16 Date | of injury | 1 |
| 14. Is this condition due to any occupational injury or disease? | NIT | | 1 | $\sqrt{\Delta}$ | N/A |
| NO | 1 17/ | | _1 | | |
| 18. Describe how accident happened | | | | | |
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| I hereby authorize the release of any medic | | | 1 | at salate | ad information necess |
| the release of any medic | al information a | ind any en | nproyme | erie e la | tion is valid for the |
| I hereby authorize the release of any medic to evaluate and administer claims for bene- | lits to JSL Admi | nistrators | . This a | H(HOL177 | Ittoli is valid for the |
| to evaluate and administer channels | | | | | |
| EmployeeSignature 2 Va W. | 1 11 | | | | 11/20/12 |
| 7-12/1/ | 11/1/0/20 | ns | | Da | 10/28/04 |
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| 19/1 | (1. Physician I | D. Number (ER | N) 30 0 | Inerii Doi | e & Joint Specialists, |
| Date: | 20.03 | 70135 | H. | 0. Box 7 | 25 25202 0720 |
| Signed | NOTE: ITEMS 9, 10 and | II MUST BE | 100 | than, Ala | bama 36302-0729 |
| 12 Your Patient Account Number 19991 | ANSWERED UNDER A | OTHORITY OF | LAW. | | |
| | THE CHARGO PARTY | DMATION | | | |
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| 10 Deta 1 10 | Returned 4. | Watly A&S Be | acket Numb | cr |). Effective Date of Gr |
| 1.Date last worked 2. Expected testing | | 8. Name and | | 1 | |
| 6. Is this condition due to an occupational injury or 7. Date | Coverage Terminated | 8, Name and | Veducer of C | h) | |
| 6. Is this condition due to an occupant | | | | | |
| Q Yes | | | | - | 12 Date |
| 9 Facility Number 10. By (Signature) | | 11. Title | | { | |
| 9. Facility Number 10. By (Signature) | | l | | | |
| 13. Please chock onc; | | | | | |
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| Original Claim Subsequent Claim | | | | | |

SOUTHERN BONE & JOINT SPECIALISTS

| | | Date: | 11./26/10 |
|---------------------------------------|--|-------|--------------|
| To: | Whom it may concern | | |
| Name: | Eva William 199480 | | |
| This is | s to certify that this patient | | |
| () | Was treated in my office today. | | |
| () | Will be unable to work for the period | | |
| () | May return to work on | | |
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Southeastern Printers 334-792-2928 - 3/95



| Authorization to be completed by the claimant | | | |
|---|--|--|--|
| To Whom It May Concern: I. EVA W. William & authorize any hospital, physician, medical | | | |
| practitioner, clinic, other medical or medically related facility, pharmacy, insurance company, Government Agency including but not limited to the Social Security Administration, to disclose or furnish to Greater Georgia Life (GGL), or its authorized representative, any and all information with respect to: any illness or injury including mental illness, drug/alcohol abuse, medical history, consultations, prescriptions, treatments or benefits and copies of all records that may be requested. | | | |
| In addition, I authorize any employer, statutory employer, business or individual that paid me for services rendered, including but not limited to, business associate(s), insurance company, Government Agency including but not limited to the Social Security Administration, educational institute, consumer reporting agency, accountant, and/or other individuals to disclose to GGL, or its authorized representative any and all information with respect to: work history, occupational requirements, educational history, wages, commissions, financial and corporate agreements, benefits insurance claims and coverage. | | | |
| The information provided to GGL, or its authorized representative is to be used for the evaluation and administration of my claim(s) with GGL or any of its affiliates. A photocopy of this authorization is to be considered a valid as the original and both are effective for one year from the date this authorization was signed. | | | |
| | | | |
| CLAIMANT'S SIGNATURE CLAIMANT'S SOCIAL SECURITY NUMBER DATE OUT U. U. U. U. 420 - 80 - 7415 AUTHORIZED PERSONS SIGNATURE (if other than element) RELATIONSHIP OF AUTHORIZED PERSON TO CLAIMANT | | | |
| | | | |

Dr. DeHaven 00083 Eva Williams v. Greater Ga.

THE GOOING NETWORK, ILC

CODING WORKSHEET

| CLIENT: Southern Bone & Joint Specialists, P.C. | | | PATIENT: Eva Williams | | | | | |
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| 180 -262785 | | CARRIER: Fed | eral BCBS MCR | СОМ | нмо [| w/c | CASH | |
| | | SURGI | RY | | | | | |
| PHYSICIAN: James DeHaven MD PHYSICIAN#: | | ASSIST: Dean Lolley MD ASSIST#: | | | | LOCATION: Flowers Hospital Inc. | | |
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CODED BY:

Leslie Follebout CPC

DATE:

12/22/2004

Dr. DeHaven 00084 Eva Williams v. Greater Ga.

SURGERY PRECERT FORM

| | | • | |
|-------------------------------|------------------|--------------------|--|
| PATIENT EVA Williams | DOB_ | 9-24-53 | |
| CHART# | DOCTOR_ | Dehaven | |
| SURG DATE 12-14-04 | ASSISTANT_ | | |
| PROCEDURE R+ Total | | | |
| | | | |
| CPT CODES | | • | |
| DIAGNOSIS | | | |
| ICD-9 CODE | | | |
| FACILITY: SAMCFL | | | |
| DURATION: INOUT | 23HR_ | | |
| INSURANCE 1 COMPANY BBS-A/ | POLICY/CLAIM# | R581187614 | |
| BENEFITS PHONE # | | | |
| PC PHONE# | | | |
| PC FAX# | PRE-EXISITING | | |
| PC CONTACT | DEDUCTIBLE_ | 250 | |
| | PAYMENT_ | 90% | |
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| COMPANY | POLICY/CLAIM# | • Dr. DeHaven 0008 | |
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HHB 7/21

DELAVERY ACKNOWLEDGEMENT/RELEASE OF INFORMÁTION

I acknowledge receipt of the following items and/or services provided to me by Southern Bone & Joint Specialists-O&P. I also authorize release of any medical or other information necessary to process the claim.

Knez machilize

Patient's Signaturo Welli White

Date 7/21/04

SOUTHERN BONE & JOINT SPECIALISTS, P.C. P. O. BOX 729 DOTHAN, AL 36392

ADVANCED PAYMENT NOTICE

| PATIENT'S NAME: _ | Wille | Whiter | ACCT NO: | 199880 |
|--|----------------------------|--|----------------------------|--|
| WE HAVE DETERM FOR THE ITEM(S) C OR SERVICE(S) HAV THE COURSE OF TI | R SERVICE(VE BEEN RE | S) THAT ARE DES | CRIBED BEL | OW. THE ITEM(S) $-$ |
| D221 CODE 90 ESTIMATED COST | | Knee (DESCRIPTION O | rmsb. | OR SERVICE |
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| | APPLII AMOU | OSTS OF THESE I ED TO DEDUCTIB NTS IN ACCORDA INSURANCE POL | LE AND/OR C INCE WITH T | |
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| NO, I 11/ | VE DECIDE | D NOT TO RECEI | VE THESE ITE | EMS OR SERVICES. |
| SIGNATURE OF I | | RENT, | | DATE |